

EATON COUNTY TRIAL COURTS

56TH CIRCUIT COURT
EATON COUNTY PROBATE COURT
56A DISTRICT COURT

HON. JANICE K. CUNNINGHAM
CHIEF JUDGE
CIRCUIT COURT JUDGE

HON. THOMAS K. BYERLEY
PROBATE COURT JUDGE

HON. JOHN D. MAURER
CIRCUIT COURT JUDGE

HON. JULIE H. REINCKE
DISTRICT COURT JUDGE

HON. JULIE A. O'NEILL
DISTRICT COURT JUDGE

1045 INDEPENDENCE BLVD.
CHARLOTTE, MI 48813
(517) 543-7500
WWW.EATONCOUNTY.ORG

BERYL J. FRENGER
TRIAL COURTS ADMINISTRATOR

AMY M. ETZEL
DEPUTY TRIAL COURTS
ADMINISTRATOR

AMANDA G. POLLARD
JUVENILE REFEREE / JUVENILE
DIVISION DIRECTOR

Complete and return the Financial Statement with the following documentation. Documentation for all household income is required.

1. Paystubs with year-to-date accumulations, 2-3 of the most recent.
2. A copy of your most recent Income Tax return.
3. Most recent W-2's.
4. Documentation of other income including State assistance, and which family member it is for: SSI, SSD, VA, Child Support, Food Stamps, etc.
5. Current savings/investments including checking, savings, deferred compensation, IRA's, 401K's, stocks etc.
6. Mortgage or rent payment
7. Vehicle payments.
8. Any other documentation you feel is appropriate to your situation.

****Questions regarding the financial statement please call the Financial Specialist at 517-543-6003 ext 1252**

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	FINANCIAL STATEMENT	CASE NO. PETITION NO.
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Court address Court telephone no.

1. In the matter of
 (name(s), alias(es), DOB)

PERSONAL & EMPLOYMENT INFORMATION	1. Name			2. Date of birth			10. Spouse			11. Date of birth					
	3. Soc. sec. no.			4. Driver license no.			12. Soc. sec. no.			13. Driver license no.					
	5. Employer's name						6. Length of employment			14. Employer's name			15. Length of employment		
	7. Employer's address						16. Employer's address								
	8. Gross pay \$ _____ per _____ (attach W-2)		9. List payroll deductions from amount at left				17. Gross pay \$ _____ per _____ (attach W-2)		18. List payroll deductions from amount at left						
			Federal inc. tax		State inc. tax		Local inc. tax				FICA		Other:		
			FICA		Other:				FICA		Other:				
	19. Home address									20. Telephone no.					
	21. Marital status		22. Names and ages of dependents residing with petitioner												
	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced		23. Names, ages, and relationships of all other people living in the home												

24. **MEDICAL/MEDICAID/DENTAL/OPTICAL INSURANCES** List company name and policy no., and whether group, co-deductible, etc.

25. **OTHER INCOME** List below all other income, including: overtime, tips, public assistance, child support, unemployment, veteran's benefits, social security, pensions, workers comp., disability, interest, dividends, rent, etc.

SOURCE OF INCOME

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

26. **ASSETS** (other than real estate and motor vehicles)
 List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bond posted, etc.

	BALANCE	INSTITUTION NAME
Checking/Draft		
Savings		
Credit Union		

ASSET	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29) PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29)

27. PROPERTY REAL ESTATE				MOTOR VEHICLES			
Purchase Price	Current Value	Loan Balance	Payments	Year	Make	Loan Balance	Payments

PLEASE CONTINUE ON OTHER SIDE

