

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>REQUEST FOR FINANCIAL INFORMATION</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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TO WHOM IT MAY CONCERN:

I authorize my employers, creditors, and others who may have knowledge of my financial affairs to release information to the above court. A photocopy of this authorization shall suffice as an original.

Date

Signature

Signature

Please send information on the items checked below regarding:

Name	DOB	Soc. sec. no. or employee/badge no.
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<input type="checkbox"/> <b>EMPLOYMENT INFORMATION</b> (or subsidy)	Hire date	Number of dependents claimed
<b>EARNINGS</b> Hourly Wage ..... \$ _____  Average regular hours worked per week X _____  Weekly straight-time pay \$ _____  Average overtime pay per week \$ _____  Salary ..... \$ _____ per _____ <b>OTHER COMPENSATION</b> _____ \$ _____ per _____ _____ \$ _____ per _____ _____ \$ _____ per _____	<b>DEDUCTIONS</b> (other than taxes) Union dues ( <input type="checkbox"/> check if required ) \$ _____ per _____  Insurance ( <input type="checkbox"/> check if required ) \$ _____ per _____  Credit union \$ _____ per _____ _____ \$ _____ per _____ _____ \$ _____ per _____ _____ \$ _____ per _____  <b>OTHER</b> (Pension, deferred compensation, stock plan, etc.)	

<input type="checkbox"/> <b>FINANCIAL INFORMATION</b> To be completed by banks, savings and loans, credit unions, loan companies, brokerage firms, etc.			
<b>ASSETS</b> (checking, savings, stocks, bonds, IRAs, etc.)		<b>LOANS</b>	
	Balance/Value		Payment
_____	\$ _____	Real Estate: \$ _____	\$ _____ per _____
_____	\$ _____	Motor Original loan	\$ _____
_____	\$ _____	Vehicle: _____	\$ _____ per _____
_____	\$ _____	Make and year	\$ _____ per _____
_____	\$ _____	_____	\$ _____ per _____
_____	\$ _____	_____	\$ _____ per _____
_____	\$ _____	_____	\$ _____ per _____

Date	Signature	Title
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PLEASE RETURN THE ABOVE INFORMATION BY \_\_\_\_\_ TO THE ADDRESS AT LEFT.

Date \_\_\_\_\_ **THANK YOU.**