

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	REQUEST FOR FINANCIAL INFORMATION	CASE NO. PETITION NO. JUDGE
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Court address _____ Court telephone no. _____

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	SSN or employee/badge no.
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<input type="checkbox"/> EMPLOYMENT INFORMATION (or subsidy)	Hire date	Number of dependents claimed
EARNINGS Hourly Wage,..... \$ _____ Average regular hours worked per week X _____ Weekly straight-time pay \$ _____ Average overtime pay per week \$ _____ Salary..... \$ _____ per _____ OTHER COMPENSATION \$ _____ per _____ \$ _____ per _____ \$ _____ per _____	DEDUCTIONS (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 _____	
		OTHER (Pension, deferred compensation, stock plan, etc.)

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

Date _____ Signature _____ Title _____

PLEASE RETURN THE ABOVE INFORMATION BY
TO THE ADDRESS AT LEFT.

Date _____

THANK YOU.