STATE OF MICHIGAN
JUDICIAL CIRCUIT - FAMILY DIVIIION
COUNTY

## FINANCIAL STATEMENT

CASENO.
PETITIONNO.

## Court address

Court telephone no.

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

|  | 1. Name |  |  | 2. Date of birth | 10. Spouse |  |  | 11. Date or 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 \$ | 9. List payroll deductions from amount at left |  |  | 17. Gross pay \$ $\qquad$ per $\qquad$ (attach W-2) | 18. List payroll deductions from amount at left |  |  |
|  |  | Federal inc. tax | State inc. tax | Local inc. tax |  | Federal inc. tax | State inc. tax | Local inc. tax |
|  | per $\qquad$ <br> (attach W-2) | FICA | Other: |  |  | FICA | Other: |  |
|  | 19. Home address |  |  |  |  |  | 20. Telephone no. |  |
|  | 21. Marital statussinglemarriedseparateddivorced | s 22. Names and ages of dependents residing with petitioner |  |  |  |  |  |  |
|  |  | 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

PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29)

| 27.PROPERTY |  |  |  |
| :--- | :--- | :--- | :--- |
| Purchase Price Current Value Loan Balance | Payments |  |  |
|  |  |  |  |
|  |  |  |  |

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.

| Checking/Draft | BALANCE | INSTITUTION NAME |
| :---: | :---: | :---: |
|  |  |  |
| Savings |  |  |
| Credit Union |  |  |
|  | ASSET | VALUE |
|  |  | _ \$ |

$\qquad$
$\qquad$
\$ \$

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

| Year | Make | Loan Balance | Payments |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |



I declare that this financial statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief. Ifurther authorize the release of any information needed to verify this statement or any other information needed to verify my financial affairs.

I understand that if I knowingly list any false information on this financial statement, I may be found in contempt of court.

| Date |
| :--- |
| Date |


| Signature |
| :--- |
| Signature |


| Relationship to child(ren) |
| :--- |
| Relationship to child(ren) |

## FOR COURT USE ONLY

## REVIEW AND RECOMMENDATIONS:

