Instructions Regarding
Reopening Friend of the Court Case

13th Circuit Friend of the Court – Antrim, Grand Traverse & Leelanau Counties

In order to have your Friend of the Court Case be re-opened we need you to:

- Complete the enclosed paperwork. Even though you may have previously completed these forms because your case was closed, you must do so again. It is important that you provide correct names, addresses, phone numbers and employment information for both you and your co-parent. The enclosed forms are:
    - Request to Re-open Case
    - Verified Statement
    - Friend of the Court Case Questionnaire

- You will also need to supply copies of:
    - Current medical cards or other documentation for medical/dental coverage for your child/ren.
    - Current driver's license or other picture identification and social security card.

Once this information has been received, a file will be opened, a case manager will be assigned and an order reopening the case will be prepared.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff's name, address and telephone no.	v	Defendant's name, address and telephone no.
Plaintiff's attorney, bar no., address and telephone no.	v	Defendant's attorney, bar no., address and telephone no.

1. On _____ an order was entered exempting this case from friend of the court services.
Date

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office.

As required, I have provided a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D) to the friend of the court office.

_____ _____
Date Signature

CERTIFICATE OF MAILING

I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____
Date Signature

Distribute form to:
Court
Friend of the court
Plaintiff
Defendant

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE

Friend of the court address

Telephone no.

Information about you:

1. Last name	First name	Middle name	2. Any other names by which you have been known

3. Date of birth	4. Social security number	5. Driver's license number and state

6. Mailing address and residence address (if different)

7. E-mail address

8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.

15. Mobile telephone no.	16. Home telephone no.	17. Work telephone no.	18. Occupation

19. Business/Employer's name and address	20. Gross weekly income

21. Did you apply for or receive public assistance? If yes, please specify kind and case number.

☐ Yes ☐ No

22. Any other country(ies) of citizenship:	23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Information about the other parent in this case:

24. Last name	First name	Middle name	25. Any other names by which parent is or has been known

26. Date of birth	27. Social security number	28. Driver's license number and state

29. Mailing address and residence address (if different)

30. E-mail address

31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.

38. Mobile telephone no.	39. Home telephone no.	40. Work telephone no.	41. Occupation

42. Business/Employer's name and address	43. Gross weekly income

44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number.

☐ Yes ☐ No ☐ Unsure

45. Any other country(ies) of citizenship:	46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Distribute form to:
Friend of the Court
Plaintiff/Attorney
Defendant/Attorney

Case No. _____

Information about the minor child(ren):

47. a. Name and sex of minor child in case	M/F	b. Birth Date	c. Age	d. Soc. Sec. No.	e. Residential Address

48. a. Name and sex of other minor child of either party	M/F	b. Birth Date	c. Age	d. Residential Address

49. Health care coverage available for each minor child

a. Name of Minor Child	b. Name of Policy Holder	c. Name of insurance co./HMO	d. Policy/Certificate/Contract/Group no.

50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Date _____

Signature _____

You are required to notify friend of the court, in writing, if any of your public assistance information above changes before your judgment is entered. If you want child support services, complete form DHS 1201-D, available online at https://www.courts.michigan.gov/49572a/siteassets/forms/scao-approved/dhs1201d.pdf. Or you may request copy from your local friend of the court office.

STATE OF MICHIGAN 13th JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE

Friend of the court address
328 Washington St, Ste 200, Traverse City MI 49684

Telephone no.
231-922-4660

Plaintiff	v	Defendant

Complete this form and sign on page 5.

YOUR GENERAL INFORMATION

Your full name	Date of birth	Place of birth: city and state

Address	City	State	Zip	Cell phone	Work telephone

Social security number	Driver license no.	E-mail address

Sex	Eye color	Hair color	Height	Weight	Race	Scars, tattoos, etc.
☐ M ☐ F						

Your father's full name	Your mother's full maiden name

Children in common with other parent in this case	Birthdate	Gender	SSN	Anticipated month and year of high school graduation	No. of overnights you have with child annually

Names of other biological/adopted minor children you support	Birthdate	Address

Are you pregnant?	When is the child due?	Is the other party in this case the biological parent of the expected child?	Are you presently
☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

Your occupation	Your employer (if unemployed, name of last employer)

Employer's address	City	State	Zip	Date hired

Gross earnings per pay period (earnings before taxes)	Filing status _____ dependants claimed
$ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly	☐ married ☐ single ☐ head of household

Hourly pay rate (including shift premium and COLA)	Total regular hours worked per pay period	Average overtime hours for past 12 months

Case Manager:{FOCCaseManager}

Case No.

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

Second job	Employer	
Employer's address City State Zip		Date hired
Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly	Hourly pay rate	Average hours worked per pay period since hire date

If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:

Name of last full-time employer	Address of last full-time employer
Position held at last place of full-time employment	Last day employed full-time
Length of time employed in last full-time position	Reason for leaving last full-time employment

Gross earnings per pay period (earnings before taxes)
$ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly

List MONTHLY income from all other sources. such as:

Commissions		Unemp. Benefits		Nat'l. Guard & Res. Drill Pay	
Bonuses		Strike Pay		Armed Services	
Profit Sharing		SUB Pay		Allowance for Rent	
Interest		Sick Benefits		Rental Income	
Dividends		Worker's Comp.		Spousal Support/Alimony	
Annuities		Soc. Sec. Benefits		State Disability Assistance	
Pensions/Longevity		VA Benefits		FIP	
Deferred Comp./IRA		Disability Insurance		Supp. Security Income SSI	
Trust Funds		GI Benefits		Other	

Do you have any spousal support/alimony orders involving another person not a parent in this case?
If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

Amount of order (do not include arrearages)	Type of order/Case no.	City, county and state

Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? ☐ Yes ☐ No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Dependent benefit	Source of dependent benefit (mother, father, stepparent)

Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

Do you have any medical conditions/restrictions that affect your ability to work?
If yes, please explain medical condition/restriction: ☐ Yes ☐ No

What is your educational background? (Check one)
☐ Less than high school ☐ High school graduate ☐ Trade school graduate
☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree

Case No.

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

What dependant coverage is available to you without cost?

☐ Medical ☐ Dental ☐ Optical

What dependant coverage is available by payment of an additional premium? (Specify cost per pay period.)

☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical (√)	Dental (√)	Optical (√)

YOUR CHILD-CARE INFORMATION

Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? ☐ Yes ☐ No

If yes, complete the following information.

Name of child-care provider	Names of children receiving child care
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost	Amount of child-care credit received on last year's federal I.R.S. tax return

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

Reason	Estimated number of hours per week
☐ Work related	
☐ Looking for employment	
☐ Enrolled in educational program to improve employment opportunities	

If your reason for child care is education related, provide the following information.

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date

ADDITIONAL INFORMATION

List any additional information about you or other parent that would be useful to the court in making a support recommendation. For example education, disability, or work history.

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

Full name			Date of birth		Place of birth: city and state	
Address	City	State Zip		Cell phone		Work telephone
Social security number	Driver's license no.		E-mail address			
Sex ☐ M ☐ F	Eye color	Hair color	Height	Weight	Race	Scars, tattoos, etc.
Father's full name			Mother's full maiden name			
Names of other biological/adopted minor children he/she supports			Birthdate	Address		
Is this party pregnant? ☐ Yes ☐ No	a. When is this child due?		b. Is this party in this case the biological parent of the expected child? ☐ Yes ☐ No		77. Is this party married? ☐ Yes ☐ No	
Occupation			Employer (if unemployed, name of last employer)			
Employer's address	City	State Zip			Date hired	
Gross earnings per pay period (earnings before taxes)			Average overtime hours for past 12 months			
Medical insurance company name, address, telephone no.			Policy/Group number		Beginning date, if known	
Dental insurance company name, address, telephone no.			Policy/Group number		Beginning date, if known	
Optical insurance company name, address, telephone no.			Policy/Group number		Beginning date, if known	

What dependant coverage is available to the other parent without cost?
☐ Medical ☐ Dental ☐ Optical

What dependant coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

Individuals currently covered by other parent's insurance

Name	Birthdate	Relationship	Medical (√)	Dental (√)	Optical (√)

If you want friend of the court services, you must check the box below.

☐ **I request child-support services pursuant to child-support enforcement program of Title IV-D of the Social Security Act.**

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____ Signature _____

Reminder List:

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal income tax returns, including all schedules, W-2's, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement for child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.