

Circuit Court Judges  
KEVIN A. ELSENHEIMER  
CHARLES M. HAMLYN

Family Division Judges  
NORMAN R. HAYES  
JENNIFER L. WHITTEN  
MARIAN F. KROMKOWSKI

**FRIEND OF THE COURT  
FOR  
THE THIRTEENTH JUDICIAL CIRCUIT OF MICHIGAN**



Friend of the Court  
JEREMY C. HOGUE

Family Division Referees  
MATTHEW N. HAGEN  
STEVEN W. PACIORKA

**ANTRIM – GRAND TRAVERSE – LEELANAU COUNTIES**

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**APPLICATION FOR FRIEND OF THE COURT FUNDING**

Families requesting funding assistance from the Friend of the Court for counseling, supervised visitation, supervised exchanges or parenting classes that have been recommended or ordered by the Court or that directly relate to family dynamic problems created as a result of the parents living in separate households first need to investigate whether private insurance is available to provide for these expenses.

**If private insurance is not available**, an application for FOC assistance may be made. Further, if co-payments or deductibles could result in financial hardship, an application for assistance may be made.

The Court will apply the following criteria in determining one's eligibility for funding assistance:

- If a family has no private insurance available and is within 200% of the current poverty index, request for funding can be approved. The cap per family is \$500.00
- If a family has private insurance available and the co-payments or deductible could result in financial hardship and the family income is within 150% of the current poverty index, request for funding can be approved. The cap per family is \$500.00

Parents will be responsible for the balance of their own counseling costs if they have individual sessions with the counselor. Further, any request for funding for services that have not been court ordered or recommended needs to have a statement from the counselor attached indicating the need for and anticipated scope of such counseling.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**POVERTY GUIDELINES FOR 2024**

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	

**APPLICATION FOR FRIEND OF THE COURT FUNDING**

Case/file number: \_\_\_\_\_

County: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's address and phone number: \_\_\_\_\_

\_\_\_\_\_

For what services are funds being requested?

Counseling: \_\_\_\_\_ Name and address of provider: \_\_\_\_\_

\_\_\_\_\_

Parenting Classes: \_\_\_\_\_ Name of provider: \_\_\_\_\_

Supervised visits: \_\_\_\_\_ Supervised exchanges: \_\_\_\_\_

Is there a court order requiring supervised visits or supervised exchanges? \_\_\_\_\_

What is the expected duration of the services? \_\_\_\_\_

**PLEASE COMPLETE THE ATTACHED FINANCIAL SCHEDULE**

**ANY FUNDS APPROVED WILL BE PAID DIRECTLY TO THE AGENCY AFTER THE FRIEND OF THE COURT HAS RECEIVED A BILL. ADDITIONALLY, A COPY OF ANY REPORT GENERATED BY THE AGENCY ABOUT THE SERVICES PROVIDED MUST BE MADE AVAILABLE TO THE FRIEND OF THE COURT AND A RELEASE MUST BE SIGNED ALLOWING THE FRIEND OF THE COURT, THE CIRCUIT COURT REFEREE AND/OR THE CIRCUIT COURT JUDGE TO DISCUSS MATTERS WITH THE AGENCY IF DEEMED NECESSARY.**

## AFFIDAVIT OF INDIGENCY AND FINANCIAL SCHEDULE

### 1. RESIDENCE

☐ Rent    ☐ Own    ☐ Live with parents    ☐ Room/Board    ☐ Homeless/Shelter

### 2. MARITAL STATUS

☐ Single    ☐ Married    ☐ Divorced    ☐ Separated    ☐ Dependents: \_\_\_\_\_  
Number

### 3. EMPLOYMENT a. Employer name and address

b. Length of employment

c. Average of pay

☐ weekly    ☐ monthly    ☐ every two weeks

Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

### 4. INCOME/EXPENSES

#### MONTHLY INCOME

Gross Monthly Income (self) \$ \_\_\_\_\_  
Gross Monthly Income (spouse) \$ \_\_\_\_\_  
Unemployment Benefits \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Retirement/Pension benefits \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Alimony/Maintenance \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Veteran's Benefits \$ \_\_\_\_\_  
Interest/Dividends \$ \_\_\_\_\_  
Other (cash): \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

#### MONTHLY EXPENSES

Mortgage or rent \$ \_\_\_\_\_  
Utilities (heat, elec, cell, i/net) \$ \_\_\_\_\_  
Vehicle payments \$ \_\_\_\_\_  
Insurance (vehicle/health/life) \$ \_\_\_\_\_  
Other loan payments \$ \_\_\_\_\_  
Child support/Alimony \$ \_\_\_\_\_  
Medical Payments \$ \_\_\_\_\_  
Court payments \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

### 5. ASSETS State value of car, home, bank deposits, bonds, ATVs, Motorcycles, bonds, stocks, etc. If no assets, state NONE.