

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

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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 INDIGENCE 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.