Circuit Court Judges
Matthew J. McGivney, Chief Judge Circuit and District Courts

L. Suzanne Geddis
Susan Longsworth

Livingston County Trial Courts
204 S. HIGHLANDER WAY, HOWELL, MI 48843

Probate Court Judge
Miriam A. Cavanaugh, Chief Judge Probate Court

District Court Judges
Shauna N. Murphy
Daniel B. Bain

FINANCIAL STATEMENT INSTRUCTIONS

Complete and return the Financial Statement with the following documentation. Documentation for all household income is required.

If Living in Separate Households, Each Legal Parent Shall Complete a Financial Statement.

1. Your three most recent paystubs with year-to-date accumulations.

2. A copy of your most recent Income Tax return.

3. Documentation of other income including State assistance, and which family member it is for: SSI, SSD, VA, Child Support, Adoption Subsidy, Food Stamps, etc.

5. Any other documentation you feel is appropriate to your situation.

** For questions regarding how to complete the financial statement, please call the Juvenile Court Accounts / Reimbursement Clerk at 517-540-7759

STATE OF MICHIGAN JUDICIAL CIRCUIT- FAMILY DIVISION LIVINGSTON COUNTY	**FINANCIAL STATEMENT**	**CASE NO.** **PETITION NO.**

Court Address: 204 S. Highlander Way, Howell, MI 48843

In the Matter of: (Name(s), Aliases_____DOB_____

PARENT INFORMATION

Name: (First, Middle, Last)_____

Maiden Name:_____

Social Security No.:_____Date of Birth:_____Are You a Student: Y____N____

If Yes, Name of School:_____Part Time____Full Time____

Driver's License No.:_____State:_____

Current Address:_____ How Long? _____

_____

Previous Address:_____ How Long? _____

_____

Mailing Address, if different than above: _____

Home Phone:_____Cell Phone:_____Email: _____

Preferred Method of Contact: Email:_____ Phone:_____ Text:_____

Marital Status: Single____Married____Divorced____Widowed____Separated ____

Names and ages of dependents residing in the home:_____Age:_____

_____ Age:_____

_____ Age:_____

_____ Age:_____

Name, ages and relationships of all other people living in the home:

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

CONTINUED

Payroll Deductions (Yes or No): Health Ins.____Savings_____Garnishments____401K_____
Child Support____Life Ins._____Other_____

Employer: (Name and Address)_____How Long Employed?_____
_____ Hours per week?_____
_____ Hourly Rate or Annual Salary:
$_____

If Unemployed, Your Trade:_____

How Long Have You Been Unemployed?_____

If Self Employed:

Name of Business:_____

Supply Business Income Tax Returns:

Military: (Branch)_____Rank:_____Active: Y___N ____

Years of Service: _____

Serial No._____

SPOUSE

Name: (First, Middle, Last_____Maiden:_____

Driver's License No.:_____State:_____

Social Security No.: _____

Employer: (Name and Address)_____How Long Employed?_____
_____ Hours per week?_____
_____ Hourly Rate or Annual Salary:
$_____

Monthly Income Received		Monthly Expenses Paid	
Net Take-Home Pay (Self)	$_____	Mortgage/Rent	$_____
Net Take-Home Pay (Spouse)	$_____	Utilities:	
Adoption Subsidy for_____	$_____	Electric_____ Gas_____ Phone_____ Water_____	
Accident Benefits	$_____	**TOTAL**	$ _____
Alimony/Maintenance	$_____		
Child Support	$_____	Child Care	$_____
Disability	$_____	Child Support	$_____
Interest/Dividends	$_____	Credit Cards	$_____
Public Assistance	$_____	Insurance- Life/Health	$_____
Retirement / Pension	$_____	Insurance - Vehicle	$_____
Social Security	$_____	Loans – personal, student, bank	$_____
Unemployment	$_____	Loans- Recreational Vehicles	$_____
Veteran's Benefits	$_____	Loans – Vehicle	$_____
Worker's Comp	$_____	Medical	$_____
Other:_____	$_____	Other:_____	$_____
Total Monthly Household Income: $_____		**Total Monthly Household Expenses**: $_____	

ASSETS

Vehicle #1: Make/Model_____Year: Purchase Price $_____Balance Owed $ _____

Vehicle #2: Make/Model_____Year: Purchase Price $_____Balance Owed $ _____

Bank Accounts:

	Bank / Institution Name	Balance
Checking		$
Savings		$
Credit Union		$

Investment Accounts (such as IRA, Stocks, Bonds, Profit Sharing, Pension Programs):

Name / Type:	Estimated Value $
Name / Type:	Estimated Value $
Name / Type:	Estimated Value $
Name / Type:	Estimated Value $

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. I further 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:_____Signature_____Relationship to child(ren)_____

Date:_____Signature_____Relationship to child(ren)_____

FOR COURT USE ONLY

REVIEW AND RECOMMENDATIONS:

Signature_____