

Circuit Court Judges

Michael P. Hatty, Chief Judge
Circuit and District Courts

L. Suzanne Geddis
Matthew J. McGivney



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.
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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 _____
Accident Benefits \$ _____	Gas _____
Alimony/Maintenance \$ _____	Phone _____
Child Support \$ _____	Water _____
Disability \$ _____	TOTAL  \$ _____
Interest/Dividends \$ _____	Child Care \$ _____
Public Assistance \$ _____	Child Support \$ _____
Retirement / Pension \$ _____	Credit Cards \$ _____
Social Security \$ _____	Insurance- Life/Health \$ _____
Unemployment \$ _____	Insurance - Vehicle \$ _____
Veteran's Benefits \$ _____	Loans – personal, student, bank \$ _____
Worker's Comp \$ _____	Loans- Recreational Vehicles \$ _____
Other: _____ \$ _____	Loans – Vehicle \$ _____
Other: _____ \$ _____	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 _____