

Ability-to-Pay Worksheet – Payer Information (Populated)

The questions on this form are important to help the court understand your ability to pay support. Any information you provide may be shared with the court and the other party on your case.

If you are not paying support as directed by your court order, the court may hold a hearing to decide if you have the ability to pay support as ordered.

Please complete blank fields and change any incorrect information on this form and bring it to your hearing.

Name: Donald David Doe Jr Case No.: 2021-999999-DS
 Is this address correct? 123 W Main St Apt #2 West Bloomfield Hills, MI 48999-9999
[] Yes [] No (If no, enter new address below):
 New Address: _____
 Phone Number: _____ This phone is a: [] Smartphone [] Other Cell Phone [] Landline
 Email: _____

INCOME

Employment	Employer (Name, Address, Phone)	Start/End Date	Pay Type	Monthly/Hourly Amount and Hours/Week
Current job Occupation/Job Title: CONSULTANT	COURTLAND LLC 7920 SCOTTS LEVEL RD BALTIMORE MD 21208-2629 407-878-6717	01/11/2021	[] Cash [] Check [] Direct Deposit [] Other: _____	
Last job Occupation/Job Title: TRUCK DRIVER	MCGOWEN TRANSPORTATION 1400 3 RD ST NO 9 NILES MI 49120-3464 269-447-4532	03/15/2012 07/13/2012	[] Cash [] Check [] Direct Deposit [] Other: _____	
Assistance	Assistance Type	Start/End Date	Amount for Each Assistance Type If you applied but have not been approved, please indicate that below.	
State assistance (cash, SNAP/food, etc.)	Cash Food Assistance Medicaid			
Other benefits (Workers' Compensation, Unemployment, etc.)	MICHIGAN UNEMPLOYMENT INSURANCE AGENCY 3024 W. GRAND BLDV ST 12 100 CARE OF FOC UNIT DETROIT MI 48202-6024 313-456-1742	01/31/2020 12/28/2020	\$134.00/WEEKLY	

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Social Security	<input type="checkbox"/> SSI <input type="checkbox"/> SSD		

How do you support yourself (pay your bills)?

ASSETS

Do you have/own?	Yes	No	Where is it located (address)?	Number/Model/Name	Value/Owed
Bank account	X		AMERICAN AIRLINES FCU PO BOX 619001 DALLAS, TX 75261-9001	123456	\$10,000.00
House	X		25 KINLOCH DR LANSING, MI 48911		\$100,000.00
Land or other property	X		LOT 23 TRAVERSE CITY, MI 48884		\$10,000.00
Car, truck, motorcycle, or other vehicle (boat, ATV, etc.)	X			CAMPER	\$15,000.00
Other assets (pension, settlement income, etc.)	X		1 ST NATIONAL COMMUNITY BANK PO BOX 796 EAST LIVERPOOL, OH 43920-5796	133333	\$2,000.00

EDUCATION AND TRAINING

Do you have (check all that apply)?	Yes	No	Explain:
Reading/Writing difficulty			
Learning disability and/or special education in school			
Computer skills			
Professional licenses/certifications	X		NURSE PRACTITIONER; EMT SPECIALIST*; AUDIOLOGIST - LIMITED;
*Lapsed license			
A high school diploma or GED			
Some college or Associate's Degree			
A college degree (Bachelor's, Master's or Doctorate)			
Trade school training			

PERSONAL BACKGROUND

Please answer these questions:	Yes	No	Explain:
Are you married?		X	Single

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Do you rent? If yes, how much is your rent? If no, explain where you live.			
Do you have a driver's license? If the license has ever been suspended, please explain.	X		Operator
Do you have access to a vehicle or other reliable transportation?			
Have you had a recreational license or permit in the last two years?	X		
Are you a veteran?			
Have you been incarcerated? If yes, please list the approximate entry and release dates and facility.	X		Entry: 01/01/2019
Are you on probation (or parole)?			
Do you owe court costs, fines, fees, or restitution? If yes, how much?			
Do you have access to the Internet?			
Do you have medical problems affecting your ability to work? If yes, explain if you are under a doctor's care.			
Have you been hospitalized in the past six months?			
Do you have past or present alcohol/drug use issues?			
Have you been in any substance abuse or mental health treatment center in the last two years?			
Do you owe other debts (credit cards, medical bills, etc.) or judgments? If yes, how much?			

I declare the statements in this form are true and complete to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Printed Name: _____