OAKLAND COUNTY OAKLAND COUNTY FRIEND OF THE COURT
230 ELIZABETH LAKE ROAD
P. O. BOX 436012
PONTIAC MI 48343-6012

JOHN JAMES DOE JR
ATTN: INFORMATION
200 FULL ST
PONTIAC MI 48341-2759

Re: JANE DOE v JOHN DAVID DOE

Case No: 999999999

The Circuit Court
for the 6th Judicial Circuit of Michigan
Oakland County Friend of the Court
OAKLAND COUNTY, MICHIGAN

Oakland County Friend of the Court
230 Elizabeth Lake Road
P. O. Box 436012
Pontiac, MI 48343-6012

June 2, 2024

Court Case No: 2010-999999-DS
JOHN DOE v JANE J DOE

John James Doe JR
200 Full Street
Pontiac MI 48341-2759

Dear John James Doe JR,

We need your help. The Friend of the Court is reviewing whether your child support order should be changed.

By law, the Friend of the Court must review child support orders every three years if there is public assistance or if a party asks for a review. There are other reasons that may have prompted this support review.

The information you provide will help us ensure that your income amount is correct. Then we will complete the support review using the Michigan Child Support Formula.

Please complete the enclosed forms and return them to our office with the following documents by **June 16, 2024**. **If you do not respond, it could mean a change to your order without your input.**

- Most recent tax returns, including any tax documents.
- **Four** most recent paycheck stubs from each source of income.
- Childcare verification form (if you are paying for childcare).
- Proof of unemployment, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and any other documents relating to the income you receive.
- Driver's license

If you give us your recent tax returns and paycheck stubs, you do not need to fill out the income information in the enclosed form.

If you are a guardian or non-parent custodian, you do not need to give us your recent tax returns and paycheck stubs. You do not need to fill out the income information in the enclosed form.

You will find more information on the back of this letter.

We look forward to working with you!

QUESTIONS?
Call: 248-858-0424
Fax: 248-858-0461

To contact the Friend of the Court online, visit the website below or scan the QR code.

www.michigan.gov/michildsupport

Thank you,

Ima Worker, Caseworker
Wayne County Friend of the Court

Enclosure(s)

Frequently Asked Questions:

Q: What if I need more time to give you the form and other documents?

A: Please call us at 248-858-0424 before **June 16, 2024**.

Q: What if I don't want a review of my child support order?

A: Some reviews are required by law and must be completed. If you asked for the review but do not want it to continue, you can call 248-858-0424.

Q: How can I return the form and other documents to your office?

A: You can return them by:

- U.S. Mail using the address at the top of page 1 of this letter.
- Bringing them to the Friend of the Court office.
- Using the MiChildSupport website at www.michigan.gov/michildsupport. Scan or take a picture of the documents and send them to us as attachments using the "Ask a Question" feature.

To protect your information, do not send the documents by email.

Q: Do I have to go to court to change my child support?

A: No. You will go to court only if you or the other parent asks for a court hearing or files an objection with the court.

Q: What if I don't have all the information you're asking for?

A: Give us what you can and tell us which information you are having trouble finding.

Q: When will my child support change?

A: The Friend of the Court will mail you a letter after they complete their review. The letter will tell you if your support will change, and the date that it will change.

To the Clerk: For FOC office

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT OAKLAND COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE 2010-999999-DS HON. JUDGE D JUDGE

Oakland County Friend of the Court
230 Elizabeth Lake Road P. O. Box 436012 Pontiac, MI 48343-6012

Telephone:

Plaintiff	V	Defendant
Jane Jean Doe		John James Doe JR

Complete this form and sign on page 5.

YOUR GENERAL INFORMATION

1. Your full name			2. Date of birth	3. Place of birth: city and state	
4. Address	City	State / Zip		5. Home telephone	6. Work telephone
7. Social security number	8. Driver's license no.	9. Professional license, type and no.		10. Cell phone	11. E-mail address
12. Sex [ ] M [ ] F	13. Eye color	14. Hair color	15. Height / 16. Weight	17. Race	18. Scars, tattoos, etc.
19. Your father's full name			20. Your mother's full maiden name		

21. Children in common with other parent in this case	Birthdate	Gender	SSN	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually

22. Names of other biological/adopted minor children you support	Birthdate	Address

23. Are you pregnant? [ ] Yes [ ] No	a. When is the child due?	b. Is the other party in this case the biological parent of the expected child? [ ] Yes [ ] No	24. Are you presently married? [ ] Yes [ ] No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation	26. Your employer (if unemployed, name of last employer)	
27. Employer's address / City / State / Zip		28. Date hired
29. Gross earnings per pay period (earnings before taxes) $ [ ] weekly [ ] biweekly [ ] bimonthly [ ] monthly		30. Filing status _____dependents claimed [ ] married [ ] single [ ] head of household
31. Hourly pay rate (including shift premium and COLA)	32. Total regular hours worked per pay period	33. Average overtime hours for past 12 months

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT OAKLAND COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE 2010-999999-DS HON. JUDGE D JUDGE

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

34. Second job

35. Employer

36. Employer's address City State Zip

37. Date hired

38. Gross earnings per pay period (earnings before taxes)
$ [ ] weekly [ ] biweekly [ ] bimonthly [ ] monthly

39. Hourly pay rate

40. Average hours worked per pay period since hire date

41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:

Name of last full-time employer

Address of last full-time employer

Position held at last place of full-time employment

Last day employed full-time

Length of time employed in last full-time position

Reason for leaving last full-time employment

Gross earnings per pay period (earnings before taxes)
$ [ ] weekly [ ] biweekly [ ] bimonthly [ ] monthly

42. List MONTHLY income from all other sources, such as:

Commissions		Unemp. Benefits		Nat'l Guard & Res. Drill Pay	
Bonuses		Strike Pay		Armed Services	
Profit Sharing		SUB Pay		Allowance for Rent	
Interest		Sick Benefits		Rental Income	
Dividends		Workers' Comp.		Spousal Support/Alimony	
Annuities		Soc. Sec. Benefits		State Disability Assistance	
Pensions/Longevity		VA Benefits		F I P	
Deferred Comp./IRA		Disability Insurance		Supp. Security Income SSI	
Trust Funds		GI Benefits		Other	

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
If so, complete a. b. and c. [ ] No [ ] Yes, as payer [ ] Yes, as recipient

a. Amount of order (do not include arrearages)

b. Type of order/Case no.

c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? [ ] Yes [ ] No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Type of benefit (check one) Dependent benefit	Source of dependent benefit (mother, father, stepparent)

45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
If yes, please explain medical condition/restriction: [ ] Yes [ ] No

47. What is your educational background? (Check one)
[ ] less than high school [ ] High school graduate [ ] Trade school graduate
[ ] Associate's degree [ ] Bachelor's degree [ ] Graduate degree

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT OAKLAND COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE 2010-999999-DS HON. JUDGE D JUDGE

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

48. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

51. What dependent coverage is available to you without cost?
[ ] Medical [ ] Dental [ ] Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
[ ] Medical_____per _____ [ ] Dental_____per _____ [ ] Optical_____per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

YOUR CHILD-CARE INFORMATION

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? [ ] Yes [ ] No
If yes, complete the following information.

Name of child-care provider	Names of children receiving child care
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost.	Amount of child-care credit received on last year's federal I.R.S. tax return.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

Reason	Estimated number of hours per week
[ ] Work related	
[ ] Looking for employment	
[ ] Enrolled in educational program to improve employment opportunities	

56. If your reason for child care is education related, provide the following information.

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT OAKLAND COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE 2010-999999-DS HON. JUDGE D JUDGE

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

58. Full name				59. Date of birth	60. Place of birth: city and state	
61. Address	City	State	Zip	62. Home telephone	63. Work telephone	
64. Social security number	65. Driver's license no.	66. Professional license, type, and no.		67. Cell phone	68. E-mail address	
69. Sex [ ] M [ ] F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.
76. Father's full name				77. Mother's full maiden name		
78. Names of other biological/adopted minor children he/she supports		Birthdate	Address			
79. Is this party pregnant? [ ] Yes [ ] No	a. When is the child due?	b. Is the party in this case the biological parent of the expected child? [ ] Yes [ ] No			80. Is this party married? [ ] Yes [ ] No	
81. Occupation				82. Employer (if unemployed, name of last employer)		
83. Employer's address	City	State	Zip		84. Date hired	
85. Gross earnings per pay period (earnings before taxes)				86. Average overtime hours for past 12 months.		
87. Medical insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	
88. Dental insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	
89. Optical insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	
90. What dependent coverage is available to the other parent without cost? [ ] Medical [ ] Dental [ ] Optical						
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) [ ] Medical_____per _____ [ ] Dental_____per _____ [ ] Optical_____per _____						
92. Individuals currently covered by other parent's insurance Name		Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

If you want friend of the court services, you must check the box below.

[ ] **I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.**

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Reminder List:

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.

Approved, SCAO

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT OAKLAND COUNTY	CHILD-CARE VERIFICATION	CASE NO. 2010-999999-DS HON. JUDGE D JUDGE

Oakland County Friend of the Court
230 Elizabeth Lake Road P. O. Box 436012 Pontiac, MI 48343-6012

Telephone:

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.
It is your responsibility to return the completed form to the friend of the court.

Name
Name(s) and age(s) of child(ren) involved in this case.

CHILD-CARE PROVIDER INFORMATION **Please attach a schedule of your most recent child-care rates.**

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider		Address		
City	State	Zip	County	Area code and Telephone no.

Name and Age of Child	**School Year Rates**	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child	**Summer Season Rates**	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate

Do you require payment for services even when children are absent to guarantee a position in your center? If yes, please explain. [] Yes [ ] No

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please provide the agency name and amount contributed. [] Yes [ ] No

The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.

Date _____ Signature and title of provider _____