

The Financial information Form is for the FOC use only. DO NOT FILE WITH THE COUNTY CLERK. Present this information to FOC Scheduling Office located in room 900 A of the Coleman A Young Municipal Center when filing a motion. Bring the document to the Court hearing if you are responding to a motion.

FINANCIAL INFORMATION FORM FOR CHILD SUPPORT MODIFICATION

I am submitting this Financial Information Form to be considered by the Court in connection with my motion to modify the child support obligation in my case. In the event the Court wishes to contact my employer, I authorize my employer to release my payroll information. I make application to the Wayne County Friend of the Court for continuing child support services under the provisions of the Child Support Enforcement Program as required under Title IV-D. **I declare that the statements made in this form are true to the best of my information, knowledge and belief.**

DATE: _____

SIGNATURE: _____

CASE NUMBER: _____

YOUR NAME _____

YOUR EMAIL ADDRESS: _____ **YOUR SOCIAL SECURITY NUMBER:** _____

1. CHILDREN COVERED BY THIS SUPPORT ORDER:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. PLEASE CHECK THE FOLLOWING SOURCES OF INCOME THAT YOU RECEIVE:

- a. Monthly Gross Wages (before deductions) _____
Occupation: _____

ATTACH PAYSTUB

Employer Name's

Address

Phone number

- b. Second Job Gross Wages (before deductions) _____
Occupation: _____

ATTACH PAYSTUB

Employer Name's

Address

Phone number

If you do not receive a paystub for your earnings, you must verify under oath that this represents your actual income. The penalties for perjury may apply if you misrepresent your income.

3. Unemployment: _____ (amount per week and how long you have been receiving the unemployment.)
4. Other sources of income: Please state amount received and for what period (week/month/year)

Sub Pay: \$ _____

Stock Dividends: \$ _____

Bonus & Profit Sharing: \$ _____

Rental Property Income: \$ _____

Social Security Benefits: \$ _____

Veteran Benefits: \$ _____

Pension: \$ _____

Disability Income: \$ _____

Spousal Support: \$ _____

Other: \$ _____

5. PLEASE INDICATE WHETHER YOU PAY ANY INSURANCE PREMIUMS:

MEDICAL PREMIUMS \$ _____
DENTAL PREMIUMS: \$ _____
OPTICAL PREMIUMS: \$ _____

Individuals Covered by policy	Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COURT ORDERED LIFE INSURANCE PREMIUMS _____

6. ARE YOU PRESENTLY MARRIED? _____

NAME OF SPOUSE: _____

DATE OF MARRIAGE: _____

7. PLEASE LIST ALL OTHER CHILDREN YOU HAVE:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. PLEASE LIST OTHER SUPPORT ORDERS YOU PAY ON –

Case number	County	Current Support
Obligation	Arrearage Due	

9. DO YOU RECEIVE STATE OR FEDERAL GOVERNMENT ASSISTANCE (i.e. FIA/TANF Assistance)?

LIST CASE NUMBER _____ CASH GRANT AMOUNT _____
MEDICAID: YES OR NO FOOD STAMPS AMOUNT _____

YOU MUST ATTACH VERIFICATION OF ALL SOURCES OF INCOME AND VERIFICATION OF CHILD CARE EXPENSES IF APPICABLE. FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR MOTION.

DATE: _____

SIGNATURE _____