E-mail Address:

Name and address of employer, as well as any other sources of income:

Occupation: _____

DOMESTIC RELATIONS STATE OF MICHIGAN CASE NO. **VERIFIED FINANCIAL** JUDICIAL CIRCUIT INFORMATION STATEMENT COUNTY Court address Court telephone no. Plaintiff's name, address, and telephone no. Defendant's name, address, and telephone no. Plaintiff's attorney, bar no., address, and telephone no. Defendant's attorney, bar no., address, and telephone no. Instructions: Unless waived in writing by both parties (and counsel, if applicable), or both parties have signed a settlement agreement, each party must complete this form, attach the requested documents, and provide a copy to the other party within 28 days from the date on which the Defendant was served with the Summons and Complaint. Do not file this document with the Court. This document may be admissible in evidence. Identification, Income and Expenses Date of Birth: Full Name: _____ Address: _____ Phone No. _____ Drivers' License No. or State ID No: Social Security No.:

Highest education/degree:

Gross income (before taxes and deductions) from all sources for last calendar year: \$					
Gross income from all sources year to date: \$					
mployment Benefits (for example, car allowance, expense reimbursements, health insurance). Explain:					
Attach your two most recent federal tax returns including all schedules, W-2's, 1099's and two most recent pay stubs.					
Are there any other court cases involving you, the other party or any of your child(ren)? If so, identify the court and case number:					
For case numbers ending in DO, complete Sections 1 and 3 For case numbers ending in DM complete Sections 1, 2 and 3 For case numbers ending in DC, DS, or DP complete Sections 2 and 3.					
Section 1: Assets and Debts –					
If there is not enough space on this form, list and attach the additional information on separate page(s), and state the total value at the bottom of this form.					
REAL ESTATE:					
Do you own real estate? If so, provide:					
Complete Address:					
Date Purchased: Mortgage Balance: -\$ Mortgage Lender:					
Monthly Mortgage Payment: Does this include taxes and insurance? Yes No					
Estimated Value: \$ In whose name(s) is this property titled?					
Home Equity Loan/Line of Credit Balance: -\$ Equity Loan/Line of Credit Company:					
Monthly Equity Loan/Line of Credit Payment:					
Do you own additional real estate? Yes No					
MOTORIZED TRANSPORTATION: (For example, automobiles, boats, snowmobiles, motorcycles, recreational vehicles)					
Year Make Model Estimated Value Amount Owed Lender Title Holder					

Year	Make	Model	Estimated Value	Amount Owed	Lender	Title Holder
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		

<u>ALL ACCOUNTS</u> - BANK, INVESTMENT, RETIREMENT, CREDIT UNION ACCOUNTS (For example, checking, savings, certificate of deposit, stock funds, annuities, all types of IRAs, 401(k), 403(b), Trust accounts, health savings accounts):

Name of Institution	Account No	Type of Account	Current Balance (before taxes)	Balance 3 months ago	Name(s) on Account
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

PENSIONS (Any defined benefit plan which pays a m	onthly benefit at retirement age)	
Company or Employer Name:		
Lump Sum Value (explain or attach statement): \$		
Estimated Monthly Payment:	Earliest Commencement Date:	
LIFE INSURANCE:		

Name of Company	Policy Number	Policy Owner	Beneficiary	Death Benefit	Cash or Surrender Value
					\$
					\$
					\$

OTHER PERSONAL PROPERTY EXCLUDING CLOTHING AND OTHER ITEMS OF NOMINAL VALUE: (For example, gold, silver, jewelry, collectibles such as figurines, stamps, coins, guns, tools, furniture, lawn and garden equipment).

Description	Estimated Value	Date Purchased or Acquired
	\$	·
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

MISCELLANEOUS:

1.	Are there any Safety Deposit Boxes? Yes No If yes, describe the location(s) and contents:							
2.	Is anyone holding any money, accounts or assets for your benefit? If so, explain:							
3.	Are you named on any accounts or holding or acting as custodian of any asset(s) for the benefit of anyone else? If so, explain:							
4.	Do you have any ownership interest in any type of business whatsoever? If so, explain:							
5.	Do you have any p compensation? If	oresent or anticipated future ov so, explain:	wnership interest (or possessi	on of) any other asset(s) or				
6.	Does anyone owe	you any money? If so, explair	1:					
7.	Do you claim any assets or debts are Separate Property? If so, explain:							
<u>CREDI</u>	T CARDS, OTHER	UNSECURED LOANS OR DE	<u>EBTS</u> :					
Name	of Lender	Account Number	Balance Due	Name(s) on Account				
			-\$					
			-\$					
			-\$					
			-\$					
			-\$					
			-\$					
			-\$					
			-\$					
			-\$					
			-\$ -\$					
			-Φ					
		nt statements for each accou	unt					
	f assets on separate f debts on separate							

Grand	Total of all disclosed assets, minus debts \$
Sectio	n 2: Matters Relating to Children of the Parties
For ea	ch minor child, state:
1.	Name and address of day care, if applicable:
2.	Name and address of regular babysitter/nanny, if applicable:
3.	Average monthly cost of child care:
4.	Monthly health insurance premiums for child(ren), only:
5.	Name and address of school:
6.	Name and address of pediatrician and all other medical, dental and mental health providers:
7.	Proposed parenting time plan
Sectio	n 3: Notarized Verification
	regoing <i>Domestic Relations Disclosure Form</i> and attachments have been carefully completed and reviewed, and I that to the best of my knowledge, information and belief, the answers and information are complete and accurate.
	Signed:
	Printed Name:
Dated:	

, Notary Public		
County, Michigan Acting in the County of My Commission Expires:	-	
Reviewed as to form, only:		
Attorney for		

MCR 2.306(B)(2)

??? _ (_/_) VERIFIED DOMESTIC RELATIONS DISCLOSURE FORM