

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS VERIFIED FINANCIAL INFORMATION STATEMENT	CASE NO.
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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

Full Name: _____ Date of Birth: _____

Address: _____

Phone No. _____

Social Security No.: _____ Drivers' License No. or State ID No: _____

E-mail Address: _____

Occupation: _____ Highest education/degree: _____

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

Gross income (before taxes and deductions) from *all sources* for last calendar year: \$_____

Gross income from all sources year to date: \$_____

Employment 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
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		
			\$	-\$		

Grand Total of all disclosed assets, minus debts \$ _____

Section 2: Matters Relating to Children of the Parties

For each 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

Section 3: Notarized Verification

The foregoing *Domestic Relations Disclosure Form* and attachments have been carefully completed and reviewed, and I certify 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 _____

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

MCR 2.306(B)(2)