

REQUEST OF FINANCIAL INFORMATION FORM (PAGE 1)	LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT	CASE NO.
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911 Spring St.
Petoskey, MI 49770
(231) 242-1462

Plaintiff	v	Defendant
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Complete this form and sign on page 4.

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. Member no.	11. E-mail address
12. Sex M F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race
19. Your father's full name			20. Your mother's full maiden name		
21. Children's Names with other parent in this case		Birthdate	Gender	Soc. sec. no.	Member no.
				Address	No. of overnights you have w/ child annually
22. Names of all additional minor children you support					
		Birthdate.	Member no.	Address	
23. Are you pregnant? a. When is the child due? b. Is the other party in this case the biological parent of the expected child?					
Yes	No	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	
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					

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

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	Worker's Comp.	Spousal Support/Alimony
Annuities	Soc. Sec. Benefits	State Disability Assistance
Pensions/Longevity	VA Benefits	FIP
Deferred Comp./IRA	Disability Insurance	Supp. Security Income SSI
Trust Funds	GI Benefits	Other

43. Do you have any spousal support/allimony 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)		Source of dependent benefit (mother, father, stepparent)
		SSI	Dependent Benefit	

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
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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

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
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52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)

Medical	Dental	Optical
per	per	per

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical	Dental	Optical

REQUEST OF FINANCIAL INFORMATION FORM (PAGE 3)		LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT				CASE NO.	
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					
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. For education related childcare:							
Name of educational institution		Total classroom hours per week		Educational goal		Projected graduation date	
YOUR ADDITIONAL INFORMATION							
57. List any additional information that would be useful to the court in making a support recommendation.							
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. Soc. Sec. number		65. Driver's license number		66. Professional license, type, and no.		67. Member No.	68. E-mail address
69. Sex	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.	
M	F						
76. Father's full name				77. Mother's full maiden name			
78. Names of all additional minor children he/she supports				Birthdate		Address	
79. Is this party pregnant?	a. When is the child due?		b. Is the party in this case the biological parent of the expected child?			80. Is this parent married?	
Yes	No		Yes	No		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		

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)

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 p e r		
92. Individuals currently covered by other parent's insurance	Name	Birthdate
	Relationship	Medical
	Dental	Optical

I declare that the information in this questionnaire is 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 tribal court custody officer 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 tribal court custody officer in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached verification 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 Tribal Court Support Officer.

"Home jurisdiction" means the jurisdiction in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the jurisdiction in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period.