

BERRIEN COUNTY FRIEND OF THE COURT  
811 PORT STREET, ROOM 301  
ST. JOSEPH, MICHIGAN 49085  
TELEPHONE: (269) 983-7111

INVESTIGATOR \_\_\_\_\_  
FILE NO. \_\_\_\_\_  
ATTORNEY \_\_\_\_\_

**PLEASE PRINT AND FILL OUT COMPLETELY.**

Name: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ How long have you lived in Michigan: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Scars, Birth Marks, Tattoos: \_\_\_\_\_

Do you attend church: \_\_\_\_\_ Where: \_\_\_\_\_ How Often: \_\_\_\_\_

Amount of child support ordered in this case: \_\_\_\_\_ per month

Paid direct: \_\_\_\_\_ through Friend of the Court: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Gross Earnings Per Week: \_\_\_\_\_

Overtime Hours Per Week: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Other Income (ADC, Social Security, Disability, Unemployment Benefits):**

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_

Do the children receive benefits directly from these sources: \_\_\_\_\_ How much and  
from which source: \_\_\_\_\_

\_\_\_\_\_

**Health Care Insurance Co./Medicaid:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Policy No: \_\_\_\_\_ Cost: \_\_\_\_\_ Per Week: \_\_\_\_\_ Month: \_\_\_\_\_

Who is covered: \_\_\_\_\_

Cost for Individual Plan: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_

Cost for Family Plan: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_

**Employment History: (Start with last job and list past three years)**

<b>Employer:</b>	<b>Dates Worked:</b>	<b>Wages:</b>	<b>Shift:</b>	<b>Reason for Leaving:</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Description of your home:** One/two story \_\_\_\_\_ House \_\_\_\_\_ Apartment: \_\_\_\_\_ Duplex: \_\_\_\_\_  
Mobile Home \_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Aluminum Siding \_\_\_\_\_ Other \_\_\_\_\_

**How long at this address:** \_\_\_\_\_

**No. of rooms in home:** Living Room \_\_\_\_\_ Dining Room/Area \_\_\_\_\_ Family Room \_\_\_\_\_  
Kitchen \_\_\_\_\_ Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Other Rooms \_\_\_\_\_

**Buying \_\_\_\_\_ Renting \_\_\_\_\_ Amount Per Month: \_\_\_\_\_ Who Pays: \_\_\_\_\_**

**Your housekeeping standards:** \_\_\_\_\_

**Who lives in your home and their relationship to you:** \_\_\_\_\_

**List addresses at which you have lived in the past 5 years:**

**Do you have a boyfriend/girlfriend: \_\_\_\_\_ Their name: \_\_\_\_\_**

**Their address: \_\_\_\_\_ Age: \_\_\_\_\_**

**Is that person married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_**

**Their children: Name, age and address: \_\_\_\_\_**

**General Health: \_\_\_\_\_ List any medical conditions and medications, including any psychiatric/psychological, drug or alcohol treatment or counseling received and the dates of treatment. List name, address and telephone number of doctors/counselors: \_\_\_\_\_**

**Are you currently expecting a child: \_\_\_\_\_ When is the child due: \_\_\_\_\_**

**Name of expected child's other parent: \_\_\_\_\_**

**YOUR FAMILY**

**NAME:**

**AGE:**

**ADDRESS:**

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_

**Previous Marriages: Year divorced:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**Former Spouse's Name:** \_\_\_\_\_

**Do you pay/receive spousal support:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Children from other marriages/relationships:**

**NAME:**

**AGE:**

**DATE OF BIRTH:**

**FILE NO:**

**CHILD SUPPORT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:**

**SCHOOL:**

**DATES ATTENDED: LEVEL COMPLETED:**

**REASON FOR LEAVING:**

\_\_\_\_\_  
\_\_\_\_\_

**Service Record:**

**BRANCH:**

**DATES OF SERVICE:**

**TYPE OF DISCHARGE:**

\_\_\_\_\_  
\_\_\_\_\_

**Arrests:**

**DATE:**

**CHARGE:**

**LOCATION:**

**OUTCOME:**

\_\_\_\_\_  
\_\_\_\_\_

**How do you spend your free time:** \_\_\_\_\_

\_\_\_\_\_

**What are your future plans: (Home, work, marriage)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE ABOUT OTHER PARENT**

Their attorney: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ How long have they lived in Michigan: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Scars, Birth Marks, Tattoos: \_\_\_\_\_

Do they attend church: \_\_\_\_\_ Where: \_\_\_\_\_ How Often: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Gross Earnings Per Week: \_\_\_\_\_

Overtime Hours Per Week: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Other Income (ADC, Social Security, Disability, Unemployment Benefits):**

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_

Do the children receive benefits directly from these sources: \_\_\_\_\_ How much and from which source: \_\_\_\_\_

**Health Care Insurance Co./Medicaid: \_\_\_\_\_**

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Policy No: \_\_\_\_\_ Cost: \_\_\_\_\_ Per Week: \_\_\_\_\_ Month: \_\_\_\_\_

Who is covered: \_\_\_\_\_

Cost for Individual Plan: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_

Cost for Family Plan: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_

**Employment History: (Start with last job and list past three years)**

Employer: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Wages: \_\_\_\_\_ Shift: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of their home: One/two story \_\_\_\_\_ House \_\_\_\_\_ Apartment: \_\_\_\_\_ Duplex: \_\_\_\_\_

Mobile Home \_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Aluminum Siding \_\_\_\_\_ Other \_\_\_\_\_

How long at this address: \_\_\_\_\_

No. of rooms in home: Living Room \_\_\_\_\_ Dining Room/Area \_\_\_\_\_ Family Room \_\_\_\_\_  
Kitchen \_\_\_\_\_ Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Other Rooms \_\_\_\_\_  
Buying \_\_\_\_\_ Renting \_\_\_\_\_ Amount Per Month: \_\_\_\_\_ Who Pays: \_\_\_\_\_

Housekeeping standards: (your opinion) \_\_\_\_\_

Who lives in their home and their relationship: \_\_\_\_\_  
\_\_\_\_\_

List their addresses during the past 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do they have a boyfriend/girlfriend: \_\_\_\_\_ Their name: \_\_\_\_\_

Their address: \_\_\_\_\_ Age: \_\_\_\_\_

Is that person married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_

Their children: Name, age and address: \_\_\_\_\_  
\_\_\_\_\_

General Health: \_\_\_\_\_ List any medical conditions and medications for the other parent, include any psychiatric/psychological, drug or alcohol treatment or counseling received and the dates of treatment. List name, address and telephone number of doctors/counselors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THEIR FAMILY**

**NAME: AGE: ADDRESS:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Brother/Sister: \_\_\_\_\_

Brother/Sister: \_\_\_\_\_

Brother/Sister: \_\_\_\_\_

Previous Marriages: Year divorced: \_\_\_\_\_ Where: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Do they pay/receive spousal support: \_\_\_\_\_ Amount: \_\_\_\_\_

**Children from other marriages/relationships:**

**NAME: AGE: DATE OF BIRTH: FILE NO: CHILD SUPPORT:**

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**Education:**

**SCHOOL: DATES ATTENDED: LEVEL COMPLETED: REASON FOR LEAVING:**

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**Service Record:**

**BRANCH: DATES OF SERVICE: TYPE OF DISCHARGE:**

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**Arrests:**

**DATE: CHARGE: LOCATION: OUTCOME:**

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**Briefly describe the reason for the breakdown in your relationship: \_\_\_\_\_**

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**Have allegations ever been made against you or the other parent regarding physical or sexual abuse of a child? Have you or the other parent ever been involved with Protective Services, Juvenile or Probate Court? If yes, give details: \_\_\_\_\_**

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**Have you been the victim of or the perpetrator of domestic violence? If yes, please give dates, location, name of any police agency involved and a brief description of what happened: \_\_\_\_\_**

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**MINOR CHILDREN: (Please give complete name for each child)**

Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
D.O.B.	_____	_____	_____	_____
S.S.#	_____	_____	_____	_____
School	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Marks	_____	_____	_____	_____
Problems	_____	_____	_____	_____
Height	_____	_____	_____	_____
Weight	_____	_____	_____	_____
Eyes	_____	_____	_____	_____
Hair	_____	_____	_____	_____
Scars	_____	_____	_____	_____
Interests	_____	_____	_____	_____
Place of Birth	_____	_____	_____	_____
General Health	_____	_____	_____	_____
Health Problems	_____	_____	_____	_____
Doctor	_____	_____	_____	_____
Last Checkup	_____	_____	_____	_____

**Attend Church/Sunday School:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**How often:** \_\_\_\_\_ **Who takes children:** \_\_\_\_\_

**State present parenting time schedule and any problems:** \_\_\_\_\_

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**Are you able to talk with the other parent regarding the children:** \_\_\_\_\_

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**How long have the children lived in Michigan \_\_\_\_\_ If less than three years, list residences and schools during the past three years:**

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**What have the children been told regarding the pending case/court action and by whom:** \_\_\_\_\_

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**Do you agree to joint legal custody: \_\_\_\_\_ (Joint legal custody does not affect where your children live, but requires parents to share major health and education decisions affecting the child/children.) Why:** \_\_\_\_\_

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**Are you asking for physical custody: (Where the children live) \_\_\_\_\_ If so, for what length of time each year:** \_\_\_\_\_

**Why do you feel the other parent should not have physical custody of the children:** \_\_\_\_\_

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**What do you feel is reasonable parenting time for yourself/other parent:** \_\_\_\_\_

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**Who was responsible for preparing the children's meals:** \_\_\_\_\_

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**Who was responsible for bathing/dressing the children:** \_\_\_\_\_

\_\_\_\_\_

**How do the children get to/from school:** \_\_\_\_\_

\_\_\_\_\_

**Who takes care of the children when they are ill:** \_\_\_\_\_

\_\_\_\_\_

**Who helps the children with homework:** \_\_\_\_\_

\_\_\_\_\_

**Who attends school conferences:** \_\_\_\_\_

**When was the last school conference:** \_\_\_\_\_

**Who attends/assists with extracurricular activities:** \_\_\_\_\_

\_\_\_\_\_

**Briefly describe how you discipline the children and what methods you find most effective:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe how the other parent disciplines the children and which methods are most effective:**

\_\_\_\_\_

\_\_\_\_\_

**Describe your relationship with your children:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe the other parent's relationship with your children:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

