

State of Michigan

MIDLAND COUNTY PROBATE COURT
FORTY-SECOND CIRCUIT COURT – FAMILY DIVISION

Probate Judge
Dorene S. Allen

(989) 832-6880 Probate Court
(989) 832-6890 Family Division
(989) 832-6607 Fax



Juvenile Care Center
3712 E. Ashman St.
Midland, MI 48642

(989) 837-6080 Telephone
(989) 837-6094 Fax

Midland County Courthouse
301 W. Main Street
Midland, Michigan 48640-5183

Court Service and Out of Home Care Fee Information

Unless otherwise determined and ordered by the court, the following fees will be assessed to the parents of the youth coming under the jurisdiction of the Midland County Circuit Court Family Division, based on a financial disclosure that will be sent separately. These fees are in addition to any state-mandated fees, costs and assessments. There are two types of costs that may be assessed, set costs and if your child is placed out of home, those costs will be based on income. Here are examples of those costs;

Set Costs

- Attorney costs – \$60.00 per hour, plus actual costs, if an attorney is assigned to your case.
- Electronic Monitoring - \$6.50 per day.
- Restitution – Any court ordered restitution would be the responsibility of the parents at a rate of 100%.
- Probation - \$2.00 per day. Intensive Probation - \$6.00 per day.

Based on Income

- Out of home Costs – The daily rate for any out of home care may be assessed according to your individual family income provided that you fill out and return this packet to us within the allotted time. The court will assume that any parent/custodian who fails or refuses to cooperate with the financial disclosure process has the ability to reimburse 100% of actual costs and will so order it. Actual costs are as follows:
 - If your youth is placed in detention, the daily rate of \$155.00 will be billed.
 - If your youth is placed in the Day Treatment Program the daily rate of \$115.00 will be billed.

The court mails monthly statements of account and it is expected that these billed amounts will be paid in full each month. Payments may be made at the reception counter, or by mail. Please be sure to include the youth's name, and the case number on all forms of payment to ensure proper credit to your account. Payments made by check should be made payable to: "42nd Circuit Court-Family Division." Mail to: Juvenile Reimbursement Office, Midland County Courthouse – "B" Level, 301 West Main Street, Midland, Michigan 48640. We do not accept credit card payments.

If you have any questions, or are not clear on the information provided, you may contact me directly at (989) 832-6895 between the hours of 8:00 a.m. and 5:00 p.m. I will be more than glad to review this information with you and answer any of your questions.

Once you receive your Reimbursement Order you will have an outline of your monthly bill. If at that time you feel that you are going to have substantial financial difficulties paying the ordered rates, your proper course of action will be to request a hearing on a Motion to Reconsider Reimbursement Order. To request a hearing on this Motion please call (989) 832-6895. Please do not ignore or fall behind on your payments. Account delinquency will result in a Show Cause Hearing before the court for Contempt of Court, which could result in jail time and/or alternate collection methods. Remember to also keep me updated on any changes in your address or contact information to ensure that you receive your monthly statements.

Thank you in advance for your cooperation.

Carol Ann Webb
Financial Officer

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|--|-----------|---|--|---|-----------------------|----------------------|
| STATE OF MICHIGAN 42ND CIRCUIT COURT, FAMILY DIVISION MIDLAND COUNTY | | FINANCIAL STATEMENT FATHER | | | CASE NUMBER | |
| Court address: 301 W. Main Street, Midland, MI 48640 | | | | Telephone no. 989-832-6895 | | |
| In the matter of: | | | | | | |
| Complete this form and sign the back. | | | | | | |
| BIOLOGICAL FATHER | | | | | | |
| Full Name | | Date of Birth | | Place of Birth: City and State | | |
| Address | City | | State | Zip | Home Telephone Number | |
| Driver's License Number | | | Work Telephone Number | | | |
| SSN | Eye Color | Hair Color | Height | Weight | Race | Scars, Tattoos, etc. |
| Name of Dependent Children | | Birth Date | Gender | Natural/Step/Adopted | | Address |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| INCOME | | | | | | |
| Your Occupation: | | | Your Employer: | | | |
| Employer's Address | | City | State | Zip | Date Hired | |
| Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly | | | | Filing Status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household | | |
| Hourly Pay Rate (including shift premium and COLA) | | Total regular hours worked per pay period | | Average overtime hours for past 12 months | | |
| Second Job: | | | Employer: | | | |
| Employers Address | | City | State | Zip | Date Hired | |
| Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | Hourly pay rate | | Average hours worked per pay period since hire date | | |
| 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) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | | | | | |

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| STATE OF MICHIGAN 42ND CIRCUIT COURT FAMILY DIVISION MIDLAND COUNTY | | FINANCIAL STATEMENT Page 2 | | CASE NUMBER | |
| List MONTHLY income from all other sources, such as: | | | | | |
| Commissions | | Unemp. Benefits | | National 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 | |
| Do you have any other alimony or child support orders? <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient If so, complete a. b. and c. | | | | | |
| Amount of order (do not include arrearages) | | Type of order/Case No. | | City, County and State | |
| Does the minor child receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | Type of Benefit (Check one) | | Source of dependent benefit | |
| Child's Name | Amount (monthly) | SSI | Dependent Benefit | (Mother, Father, Stepparent) | |
| | | | | | |
| | | | | | |
| Attach your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, if it is listed on your earnings statement or check stub. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns. | | | | | |
| Do you have any medical conditions/restrictions that affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain medical condition/restriction, if on social security, attach a copy of a statement with your claim number on it: | | | | | |
| List any additional information that would be useful to the court in making a financial recommendation: | | | | | |

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 attached your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?

If self-employed, attach a copy of your three most recent business tax returns and/or corporation returns.

Attach any additional information that may be useful in making a financial recommendation. Make sure you use enough postage to cover these additional items.

Make a copy of this form for your own records.

**Send the original form, completed and signed to: The 42nd Circuit Court Family Division
301 W. Main St. Level B
Midland, MI 48640**

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|--|-----------|---|--|---|-----------------------|----------------------|
| STATE OF MICHIGAN 42ND CIRCUIT COURT, FAMILY DIVISION MIDLAND COUNTY | | FINANCIAL STATEMENT MOTHER | | | CASE NUMBER | |
| Court address: 301 W. Main Street, Midland, MI 48640 | | | | Telephone no. 989-832-6895 | | |
| In the matter of: | | | | | | |
| Complete this form and sign the back. | | | | | | |
| BIOLOGICAL MOTHER | | | | | | |
| Full Name | | Date of Birth | | Place of Birth: City and State | | |
| Address | City | | State | Zip | Home Telephone Number | |
| Driver's License Number | | | Work Telephone Number | | | |
| SSN | Eye Color | Hair Color | Height | Weight | Race | Scars, Tattoos, etc. |
| Name of Dependent Children | | Birth Date | Gender | Natural/Step/Adopted | | Address |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| INCOME | | | | | | |
| Your Occupation: | | | Your Employer: | | | |
| Employer's Address | | City | State | Zip | Date Hired | |
| Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly | | | | Filing Status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household | | |
| Hourly Pay Rate (including shift premium and COLA) | | Total regular hours worked per pay period | | Average overtime hours for past 12 months | | |
| Second Job: | | | Employer: | | | |
| Employers Address | | City | State | Zip | Date Hired | |
| Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | Hourly pay rate | | Average hours worked per pay period since hire date | | |
| 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) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | | | | | |

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| 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 | |
| Do you have any other alimony or child support orders? <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient If so, complete a. b. and c. | | | | | |
| Amount of order (do not include arrearages) | | Type of order/Case No. | | City, County and State | |
| Does the child receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | Type of Benefit (Check one) | | Source of dependent benefit | |
| Child's Name | Amount (monthly) | SSI | Dependent Benefit | (Mother, Father, Stepparent) | |
| | | | | | |
| | | | | | |
| Attach your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, if it is listed on your earnings statement or check stub. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns. | | | | | |
| Do you have any medical conditions/restrictions that affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain medical condition/restriction, if on social security, attach a copy of a statement with your claim number on it: | | | | | |
| List any additional information that would be useful to the court in making a financial recommendation: | | | | | |

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 attached your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?

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