STATE OF MICHIGAN JUDICIAL CIRCUIT	DOMESTIC RELATIONS VERIFIED FINANCIAL INFORMATION FORM	CASE NO. and JUDGE

Plaintiff's name	v	Defendant's name

- Failure to complete and serve this form may result in sanctions consistent with MCR 2.313.
- All the applicable sections must be completed.
- You must serve a completed copy of your form on the other party within 28 days after the date of service of defendant's initial responsive pleading to the complaint that started the case.
- Completing this form is not necessary if you and the other party agreed in writing not to exchange the form, or if a settlement agreement, consent judgment, or other final order that resolves the case has been signed by you and the other party at the time the case is filed.
- A proof of service must be filed with the court after you have served this form on the other party.
- Do not file this document with the court.

Note: If you are a victim of domestic violence, sexual assault, or stalking by another party in this case, you may leave out any information which might lead to the location of where you live or work, or where a minor child (if any) may be found. If you are self-represented and do not provide your address because of domestic violence, you will need to give this form to the other party at the first scheduled matter, or as otherwise directed by the court or agreed to by the parties. If you leave out information, you must explain the reasons why in a statement verified under MCR 1.109(D)(3)(b) and file it with the court by the date this disclosure form is due to the other party.

PERSONAL INFORMATION

Name: _____ Phone: _____
First, middle, and last name

Address: _____
Street City State Zip

Date of birth: _____ Social Security Number: _____

Driver's license number and state: _____

EMPLOYMENT INFORMATION

Provide information for each source of employment income. Use additional sheets if necessary.

Employer name: _____ ☐ Self-employed

Employer address: _____
Street City State Zip

Occupation: _____ Professional license, type and no.:_____

Gross income (before taxes and other deductions): $ _____ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly

Hourly pay rate (including shift premium and cost of living adjustment): $ _____

Total regular hours worked per pay period: _____ Average overtime hours for past 12 months: _____

Total amount of owner's draws during the past twelve months (if self-employed) : _____

Employment benefits:

☐ health insurance ☐ vision insurance ☐ dental insurance ☐ life insurance

☐ retirement _____

☐ car allowance _____
Amount

☐ expense reimbursements _____

☐ other _____

If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information regarding your last full-time employer: ☐ Never employed full-time.

Name of last full-time employer: _____ Position: _____
Name

Address of last full-time employer: _____
Street City State Zip

Last day employed full-time: _____ Length of time employed: _____
Date

Reason for leaving last full-time employment: _____

Gross earnings per pay period (earnings before taxes): $ _____

OTHER INCOME

Provide monthly income from all other sources.

Commissions	_____	Unemp. Benefits	_____	Nat'l Guard/Res. Drill	_____
Bonuses	_____	Strike Pay	_____	Armed Services	_____
Profit Sharing	_____	SUB Pay	_____	Allowance for Rent	_____
Interest	_____	Sick Benefits	_____	Rental Income	_____
Dividends	_____	Workers' Comp.	_____	Spousal Support	_____
Annuities	_____	Soc. Sec. Benefits	_____	State Disability Asst.	_____
Pensions/Longevity	_____	VA Benefits	_____	F I P	_____
Deferred Comp/IRA	_____	Disability Ins.	_____	SSI	_____
Trust Funds	_____	GI Benefits	_____	Other	_____

Does anyone pay any living or housing expenses on your behalf? ☐ yes ☐ no

If yes, provide details of the payments including amount per month paid on your behalf: _____

_____

NOTE: 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, to this form. If self-employed, also attach a copy of your three most recent business tax returns and/or corporate returns.

ASSET INFORMATION

Provide asset information for divorce, separate maintenance, and annulment cases only (DO and DM case types).

Real Property

Provide the following information for any real estate in which you own an interest. Use additional sheets if necessary.

Address of property: ____________________
Street City State Zip

Date of purchase: ____________ Estimated value: $ ____________ SEV: $ ____________
Date

Balance on mortgage/land contract: $ ____________

Monthly payment: $ ____________ The monthly payment includes: ☐ taxes. ☐ insurance.

Name of lender: ____________________

Property is titled as follows: ____________________
Name(s) and specific ownership interest in property

☐ Primary residence ☐ Other: ____________

Balance of equity loan or line of credit: $ ____________ Monthly payment: $ ____________

Name of lender for equity loan or line of credit: ____________________

Financial Accounts

List all financial accounts including, but not limited to, bank, credit union, CDs, stocks, annuities, IRAs, 401(k), 403(b), trust, Michigan Education Savings Program (MESP), and health savings accounts in which you have an interest. Use additional sheets if necessary.

Type of account	**Current balance (before taxes)**	**Balance 90 days before current balance**
Account no.	**$**	**$**
Name of institution	**as of:**	
Name on account		

Type of account	**Current balance (before taxes)**	**Balance 90 days before current balance**
Account no.	**$**	**$**
Name of institution	**as of:**	
Name on account		

Type of account	**Current balance (before taxes)**	**Balance 90 days before current balance**
Account no.	**$**	**$**
Name of institution	**as of:**	
Name on account		

Type of account	**Current balance (before taxes)**	**Balance 90 days before current balance**
Account no.	**$**	**$**
Name of institution	**as of:**	
Name on account		

Pension

List all defined benefit plans that will pay you a monthly benefit at retirement age. Use additional sheets if necessary.

Company or employer name: _____

Lump sum value: $ _____ Estimated monthly payment: $ _____

Earliest date you are eligible to receive your pension benefit: _____
Date

Life Insurance

Provide the following information for all life insurance policies in which you have an interest. Use additional sheets if necessary.

Insurance Company: _____ Policy no.: _____

Policy owner: _____ Beneficiary: _____

Death benefit: $ _____ Premium: $ _____ per _____
week/month/year

Cash/surrender value: $ _____ as of _____ . ☐ Taxable
Date

Employer provided: ☐ yes ☐ no

Motorized Vehicles

List all motorized vehicles in which you own an interest. Include automobiles, boats, snowmobiles, motorcycles, recreational vehicles, etc. Include information on any loans that you co-signed for the benefit of another person. Use additional sheets if necessary.

Year, make and model	**Amount owed**
Title holder	**$**
Lender	**as of**
Estimated value	

Year, make and model	**Amount owed**
Title holder	**$**
Lender	**as of**
Estimated value	

Year, make and model	**Amount owed**
Title holder	**$**
Lender	**as of**
Estimated value	

Year, make and model	**Amount owed**
Title holder	**$**
Lender	**as of**
Estimated value	

Personal Property

List all other items of personal property such as furniture, jewelry, gold, silver, collectibles, artwork, guns, furs, tools, etc. Do not include items of minimal value such as clothing. Use additional sheets if necessary.

Description of property	Estimated value	Date purchased or acquired
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	

Total: $ _____

Miscellaneous Use additional sheets if necessary.

1. Do you own or have access to any safe deposit boxes? ☐ yes ☐ no If yes, provide information on where it is located and a list of the contents: _____
2. Are any accounts, money, or assets being held for your benefit? ☐ yes ☐ no If yes, provide amount, where it is held, and the reason it is being held: _____
3. Are you holding or acting as the custodian of any money, accounts, or asset for the benefit of someone else?

   ☐ yes ☐ no If yes, describe what it is, where it is located, and why you are holding it or acting as custodian:

   _____
4. Do you have any ownership interests in any type of business? ☐ yes ☐ no If yes, describe the business and what your ownership interests are: _____

   _____
5. Are there any other assets or income to which you are entitled, or to which you believe you will become entitled?

   ☐ yes ☐ no If yes, describe the assets, their value, and why you believe you are or will be entitled to them:

   _____

6. Are there any debts that are owed to you? ☐ yes ☐ no If yes, describe who owes the money, how much is owed, the amount and frequency of payments, the purpose of the loan, and the loan end date: _____

_____

7. Are there any other items you own that have financial value such as electronic assets, season tickets, or electronic currency such as bitcoin? ☐ yes ☐ no If yes, describe asset, where it is held and its current value as of a specific date: _____

8. Are there any outstanding court cases other than this one involving you, your spouse, or family members that may result in an award for or against you? ☐ yes ☐ no If yes, describe the case, where it is filed and the possible award or liability: _____

_____

DEBTS

Provide debt information for divorce, separate maintenance, and annulment cases only (DO and DM case types).

Credit cards, personal loans, student financial aid loans, other unsecured loans

Include all loans that are for your benefit or that you are a co-signer on for another person. Use additional sheets if necessary.

Type of debt	**Balance owed**
Name of lender	**$**
Account no.	**as of**
Name(s) on account	

Type of debt	**Balance owed**
Name of lender	**$**
Account no.	**as of**
Name(s) on account	

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Name of lender	**$**
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Type of debt	**Balance owed**
Name of lender	**$**
Account no.	**as of**
Name(s) on account	

Attach the last three statements for all accounts.

Court ordered financial obligations

Provide the following information for all your court-ordered financial obligations including, but not limited to, child or spousal support in a different case, garnishment, civil judgment against you, and court-ordered fines, fees or restitution. Use additional sheets if necessary.

Type of obligation: _____
Child support, spousal support, garnishment, judgment, etc.

Payment amount: $ _____ per _____

Balance (if applicable): $ _____ Estimated end date (if applicable): _____
Date

Court: _____ Case no.: _____

MISCELLANEOUS

Provide miscellaneous information for divorce, separate maintenance, and annulment cases only (DO and DM case types).

1. Have you ever filed for bankruptcy? ☐ yes ☐ no If yes, provide the date, case number, and current status of the bankruptcy: _____

2. Do you claim that any of the assets or debts that you listed are your separate property? ☐ yes ☐ no If yes, provide detailed information on which asset(s) or debt(s) and why you think they are your separate property:

   _____

3. If there is any additional information regarding assets, debts, business interests, stocks, bonds, anticipated income, or any financially related information of any kind that has not been disclosed on this form, provide that information below.

   _____

   _____

I declare under the penalties of perjury that this domestic relations verified financial information form has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____
Date Signature