

## **CHECKLIST FOR YOUR EVALUATION APPOINTMENT**

- If there is a current guardianship order regarding your child/ren please call 616-632-6851 immediately. (This is when a third party has legal responsibility for your child/ren).
- If you need an interpreter for your appointment please request one as soon as possible.
- Do not bring your children of any age to the appointment. Children may be interviewed at a later date.
- In an effort to encourage open dialogue, audio or video recording of the appointment is not permitted.
- Arrive 10 minutes early and bring a photo ID to sign in for your appointment. Please plan accordingly for parking and traffic. If you are more than 15 minutes late to this appointment you may be denied access or considered as failed to appear.
- Your appointment will be held at Kent County Friend of the Court, 82 Ionia, NW, 2<sup>nd</sup> Floor, Grand Rapids, Michigan 49503.
- Failure to appear by one or both parents may result in a termination of the appointment or a recommendation being completed without your input. You will have the opportunity to object to this recommendation, but appointments cannot be rescheduled. Please contact Rebecca Higley at 616-632-6851 if you will not be attending.
- If there is a current Personal Protection Order (PPO) in place, please call 616-632-6851 to inform us.
  1. This will be a joint meeting between the parents.
  2. For everyone's protection there are metal detectors and Kent County Sheriff Department Deputies staffed at the entrance to the building.
  3. If necessary, you may arrive 30 minutes early for your appointment and request an escort from the deputies to the Friend of the Court office while you are in the lobby awaiting your appointment.
  4. If we are aware of the PPO, steps will be taken to assure you are not left alone with the other party during the appointment. Typically, the PPO petitioner will be allowed to leave the appointment first.
  5. If you would like to have a support person to wait with you in the lobby before the meeting and to walk out with you afterward, you may bring them with you. This person will not be allowed into the appointment.

If you have additional concerns, you may contact us at 877-543-2660.

Custody and parenting time evaluations (also referred to as investigations or assessments) are initiated after a written order from the Circuit Court. To begin the evaluation process, both parents must complete and return questionnaires prior to the initial interview in order to provide the evaluator with basic information relevant to the case. Parents will be scheduled for a joint interview which may last several hours. During the interview, the evaluator will gather information regarding the best interests of the children as defined in the factors listed in the Michigan Child Custody Act, noted below. When possible, parents are encouraged to come to an agreement about these important issues, as this would be in the best interest of all involved, especially the children.

Following the initial interview, the evaluator may collect additional information. The evaluator may interview with the children depending upon age and developmental stage. Any child interviews will be held outside the presence of either parent. Finally, the evaluator will prepare a recommendation regarding the issues of reference and will include a proposed order reflecting the recommendation. If either parent disagrees with the recommendation, he or she may file an objection within 21 days. If no objection is filed, the proposed order will enter and copies will be mailed to both parties.

**MICHIGAN CHILD CUSTODY ACT OF 1970 (EXCERPT)**

**Act 91 of 1970**

722.23.amended

THIS AMENDED SECTION IS EFFECTIVE AUGUST 1, 2016

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**722.23.amended "Best interests of the child" defined.**

Sec. 3. As used in this act, "best interests of the child" means the sum total of the following factors to be considered, evaluated, and determined by the court:

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| <ul style="list-style-type: none"><li>(a) The love, affection, and other emotional ties existing between the parties involved and the child.</li><li>(b) The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue the education and raising of the child in his or her religion or creed, if any.</li><li>(c) The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.</li><li>(d) The length of time the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity.</li><li>(e) The permanence, as a family unit, of the existing or proposed custodial home or homes.</li><li>(f) The moral fitness of the parties involved.</li><li>(g) The mental and physical health of the parties involved.</li></ul> | <ul style="list-style-type: none"><li>(h) The home, school, and community record of the child.</li><li>(i) The reasonable preference of the child, if the court considers the child to be of sufficient age to express preference.</li><li>(j) The willingness and ability of each of the parties to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent or the child and the parents. A court may not consider negatively for the purposes of this factor any reasonable action taken by a parent to protect a child or that parent from sexual assault or domestic violence by the child's other parent.</li><li>(k) Domestic violence, regardless of whether the violence was directed against or witnessed by the child.</li><li>(l) Any other factor considered by the court to be relevant to a particular child custody dispute.</li></ul> |
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## EVALUATION QUESTIONNAIRE

Name \_\_\_\_\_ Court Order No \_\_\_\_\_

Attorney \_\_\_\_\_ Date \_\_\_\_\_

### Residence History

Please indicate your short-term and long-term residential plans:

Please list your residence history for the last 3 years:

Address	Dates	Reason Left	Other People Residing in Home & their Relationship to You
_____	_____	- current -	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Relationship History

Please list your complete marital/live-in significant other history:

With Whom	Date Resided Together	Date Separated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your current spouse or live-in significant other have any children? \_\_\_\_\_

Do they live with you? \_\_\_\_\_ If no, please describe their current parenting time schedule: \_\_\_\_\_

Please list names and ages of children living with you: \_\_\_\_\_

\_\_\_\_\_



How do you support the relationship between your child/ren and the other parent, and why?

What do you do best as a parent and what could you improve upon as a parent?

What do you feel the other parent does best at as a parent and what do you feel they could improve upon?

**Children's Education**

Name / DOB	School & District	Grade	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do your children have special needs? (educational, emotional, physical) If so, please describe:  
**Provide copies of IEP's or relevant school documents**

Are any of the children experiencing problems in school? If so, please describe:  
**Provide attendance records if relevant.**

If your child/ren have ever participated in counseling please complete the following:

Counselor Name	Address	Phone	Reason	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is religion a source of conflict for you and the other parent? If yes, why?

Please disclose any mental health treatment you have received in the past, or are currently receiving:

Diagnosis	Doctor	Date Diagnosed	Treatment	Medications
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have ever participated in counseling please complete the following:

Counselor Name	Address	Phone	Reason	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does either parent have issues with Substance Abuse? If yes, please describe the issue, and treatment if any:

Does either parent have a Criminal History? **Y N**

If yes, please list offenses they/you were accused, arrested or convicted of:  
**Provide police reports and court documents.**

Parent	Offense	Date	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does either parent have a History with Child Protective Services? If yes, please describe the issues and dates.  
**Provide copies of Children's Protective Services reports.**

Does either parent have a history of Domestic Violence as a perpetrator or victim? If yes, please describe role and date(s) of offense. **Provide copies of Personal Protection Order's, police reports or other verification.**

What is your current parenting time schedule? Please be specific:

Have there been any gaps in contact with your child/ren? If so, why?

What are your wishes in regards to parenting time?

Why have you requested this custody and/or parenting time arrangement?

**CUSTODY EVALUATION ONLY:** What are your requests in regards to custody, both legal and physical?

**CUSTODY EVALUATION ONLY:** Why do you think your proposed custody arrangement is best for your children?

**Please provide proof of issues you reference: such as police reports, personal protection orders, children's report cards and attendance records, mental/physical health records, etc.**

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Signature

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Date



<b>STATE OF MICHIGAN</b> <b>17th JUDICIAL CIRCUIT</b> <b>KENT COUNTY</b>	<b>FRIEND OF THE COURT</b> <b>CASE QUESTIONNAIRE</b> Page 1	<b>CASE NO.</b>
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Friend of the Court address Telephone no.  
 82 Ionia Avenue NW - STE 200 - PO Box 351 Grand Rapids, MI 49501-0351 (877) 543-2660

Plaintiff	v	Defendant
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**GENERAL INFORMATION**

1. Your full name		2. Date of birth	3. Place of birth: City and State	
4. Address		City	State	5. Home telephone
6. Social security number		7. Driver license number		8. Work telephone
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye color	11. Hair color	12. Height	13. Weight
		14. Race	15. Scars, tatoos, etc.	
16. Your father's full name		17. Your mother's full maiden name		
18. Names of all of your dependant children    Birthdate    Gender    Natural/Step/Adopted    Soc. Sec. No.    Address				

19. Are you pregnant? If yes, complete a. and b.		a. When is the child due?	b. Is the other party in this case the biological parent of the expected child?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you presently married?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)**

21. Fullname		22. Date of birth	23. Place of birth: City and State	
24. Address		City	State	25. Home telephone
26. Social security number		27. Driver license number		28. Work telephone
29. Sex <input type="checkbox"/> M <input type="checkbox"/> F	30. Eye color	31. Hair color	32. Height	33. Weight
		34. Race	35. Scars, tatoos, etc.	
36. Father's full name		37. Mother's full maiden name		
38. Names of all of your dependant children    Birthdate    Gender    Natural/Step/Adopted    Soc. Sec. No.    Address				

39. Is this party pregnant? If yes, complete a. and b.		a. When is the child due?	b. Is this party in this case the biological parent of the expected child?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is this parent married?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>STATE OF MICHIGAN</b> 17th JUDICIAL CIRCUIT KENT COUNTY	<b>FRIEND OF THE COURT</b> <b>CASE QUESTIONNAIRE</b> Page 2	<b>CASE NO.</b>
<b>INCOME INFORMATION</b>		
41. Your occupation		42. Your employer (if unemployed, name of last employer)
43. Employer's address	City	State Zip
44. Date hired		
45. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly		46. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household
47. Hourly pay rate (including shift premium and COLA)	48. Total regular hours worked per pay period	49. Average overtime hours for past 12 months
50. Second job	51. Employer	
52. Employer's address	City	State Zip
53. Date hired		
54. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly		55. Hourly pay rate
		56. Avg. of hours worked per pay period since hire date
57. List MONTHLY income from all other sources, such as:		
Commissions _____	Social Security Benefits _____	
Bonuses _____	V.A. Benefits _____	
Profit Sharing _____	Disability Insurance _____	
Interest _____	G.I. Benefits _____	
Dividends _____	Nat'l. Guard & Res. Drill Pay _____	
Annuities _____	Armed Services _____	
Pensions/Longevity _____	Allowance for Rent _____	
Deferred Compensation/IRA _____	Rental Income _____	
Trust Funds _____	Spousal Support/Alimony _____	
Unemployment Benefits _____	State Disability Assistance _____	
Strike Pay _____	FIP _____	
SUB Pay _____	Supplemental Security Income SSI _____	
Sick Benefits _____	Other _____	
Workers Compensation _____		
58. Do you have any other alimony or child support orders? If so, complete a. b. and c. <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient		
a. Amount of order (do not include arrearages)	b. Type of order/Case No.	c. City, County, and State
59. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, how many stepchildren do you support? _____ If yes, state the reason the stepchildren's mother is unable to provide support: _____ _____ If yes, state the reason the stepchildren's father is unable to provide support: _____ _____		
60. Do any of the children listed on item 18 receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Name	Amount (monthly)	Type of benefit (check one) SSI      Dependent Benefit
		Source of dependent benefit (Mother, Father, Stepparent)
61. Attach your 4 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 3 most recent business tax returns and/or corporation returns.		

<b>STATE OF MICHIGAN</b> 17th JUDICIAL CIRCUIT KENT COUNTY	<b>FRIEND OF THE COURT</b> <b>CASE QUESTIONNAIRE</b> Page 3	<b>CASE NO.</b>
<b>INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)</b>		
62. Occupation		63. Employer (if unemployed, name of last employer)
64. Employer's address	City State Zip	65. Hourly pay rate (including shift premium and COLA)
66. Gross earnings per pay period (earnings before taxes)		67. Average overtime hours for past 12 months
<b>HEALTH CARE INFORMATION</b>		
68. Medical insurance company name, address, telephone no.		Policy number Beginning date, if known
69. Dental insurance company name, address, telephone no.		Policy number Beginning date, if known
70. Optical insurance company name, address, telephone no.		Policy number Beginning date, if known
71. What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
72. What dependent coverage is available by payment of an additional premium? (specify cost per pay period) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
73. Individuals currently covered by your insurance		
Name	Birthdate	Relationship Medical (✓) Dental (✓) Optical (✓)
<b>CHILD CARE INFORMATION</b>		
74. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
75. 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 no. of hours per week	
<input type="checkbox"/> Work related	_____	
<input type="checkbox"/> Looking for employment	_____	
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____	
76. If your reason for child care is education related, provide the following information:		
Name of educational institution	Total classroom hours per week	Projected graduation date

<b>STATE OF MICHIGAN</b> 17th JUDICIAL CIRCUIT KENT COUNTY	<b>FRIEND OF THE COURT</b> <b>CASE QUESTIONNAIRE</b> Page 4	<b>CASE NO.</b>
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**INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT**

77. 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"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	

78. Do you have any medical conditions/restrictions that affect your ability to work?  Yes     No

If yes, please explain medical condition/restriction:

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79. What is your educational background? (Check one)

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Trade School Graduate	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree

I request child support services under the child support enforcement program of Title IV-D of the Social Security Act.

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 4 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 3 most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the Friend of the Court in making a support recommendation.

Retain a copy of this form for your own records. Return the original to the Friend of the Court office.