

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	PRISONER INFORMATION ADDENDUM	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

Plaintiff's name	v	Defendant's name
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Attorney: _____ Attorney: _____

GENERAL INFORMATION			
Full name (last, first)			Offender number
Address		City	State Zip
Date current sentence started	Earliest release date	Contacted the friend of the court to modify child support during this period of my incarceration. <input type="checkbox"/> Yes Date of contact: _____ <input type="checkbox"/> No	
Dependent children in this case (name[s] last, first)			
1.			
2.			
3.			
4.			
Number of dependent children not in this case: _____			

INCOME/ASSET, WORK, AND EXPENSE INFORMATION			
Employed by		Name of employer	
<input type="checkbox"/> Prison at \$ _____ week		<input type="checkbox"/> _____ at \$ _____ hour for _____ hours per pay period	
Other income sources:			
\$ _____ profit sharing	\$ _____ interest	\$ _____ dividends	\$ _____ royalties
\$ _____ annuities	\$ _____ pension	\$ _____ deferred compensation	\$ _____
\$ _____ trust fund	\$ _____ rental income	\$ _____ Individual Retirement Account	\$ _____
Bank accounts			Land (estimated value of all land)
\$ _____ checking	\$ _____ savings	\$ _____	\$ _____
Vehicles (estimated value and type of vehicle)			
\$ _____	\$ _____	\$ _____	\$ _____
Name and address of last employer			
Dates employed by above employer		Reason for leaving above employer	
from: _____ to: _____			
Earnings paid by above employer each pay period before taxes		Medical conditions that affect ability to work (specify)	
\$ _____ every _____			
Educational level			
<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Trade school <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree			
Spousal support orders from other cases		Case number	City
\$ _____ every _____			County
\$ _____ every _____			State
Rent	Vehicle payment	Mortgage payment	Other
\$ _____ every _____	\$ _____ every _____	\$ _____ every _____	\$ _____ every _____

INFORMATION AS TO CHILD'S CUSTODIAN (if known)	
Full name of custodian (last, first)	
Last known address of custodian	Last known telephone number of custodian
Are you currently incarcerated for a crime against the child(ren) in this case, their parent, and/or their custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Date

Signature