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CLIENT INFORMATION SHEET

A. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF :

Name : _____

Address : _____

Home Phone : _____ Cell Phone : _____ Bus. Phone : _____

Birthdate : _____ Place of birth : _____ SS# : _____
State

Other Countries of Citizenship: _____

Email address : _____

Resident of : _____ How long : _____
County

Occupation : _____ Employer : _____

Employer's phone number : _____ Length of employment : _____

Employer's address : _____

State weekly take-home pay : \$ _____ State weekly gross pay : \$ _____

Receives :
ADC _____ Unemployment _____ Social Security _____ Worker's Comp _____

Number of previous marriages : _____ How terminated : _____

State your educational background : _____

Eye color _____ Hair color _____ Height _____ Weight _____ Race _____

Distinguishing marks _____ Other names known by : _____

Your driver's license number : _____

Do you have any arrests or convictions, and if so, what and when? _____

B. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SPOUSE :

Name : _____

Address : _____

Home Phone : _____ Cell Phone : _____ Bus. Phone : _____

Birthdate : _____ Place of birth : _____ SS# : _____
State

Other Countries of Citizenship: _____

Email address: _____

Resident of : _____ How long : _____
County

Occupation : _____ Employer : _____

Employer's phone number : _____ Length of employment : _____

Employer's address : _____

Is spouse currently working? _____ If not, why : _____

State weekly take-home pay : \$ _____ State weekly gross pay \$ _____

Receives :
ADC _____ Unemployment _____ Social Security _____ Worker's Comp _____

Number of previous marriages : _____ How terminated : _____

State your spouse's educational background : _____

Eye color _____ Hair color _____ Height _____ Weight _____ Race _____

Distinguishing marks _____ Other names known by : _____

Spouse's driver's license number : _____

Does your spouse have any arrests or convictions, and if so, what and when? _____

C. PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION :

Date of marriage : _____ Place of marriage : _____
City County State

Date of separation : _____

Please state wife's former name : _____

Please state wife's maiden name : _____

Does wife want her former or maiden name restored? _____ If yes, please spell complete name :

Husband's former name(s) : _____

Have either of you filed for divorce from each other before? _____
If yes, provide date, county, case number, and Judge's name : _____

Is wife pregnant? _____ If yes, when is baby due? _____

If yes, is husband baby's father? _____

D. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILDREN :

State the names, social security numbers, birthdates, and ages of children born or adopted by you and your spouse :

Full Name	SS#	Birthdate	Age

State the names, social security numbers, and ages of children either spouse has which are NOT a product of this marriage :

Full Name	SS#	Birthdate	Age

Are you or your spouse paying child support for children outside this marriage? _____

If yes, state amount paid : _____

Do any children have special needs? _____

If so, what are they? _____

Address of children during the last five years :

Address	Person in charge of children	Years

Are there any childcare expenses? _____

If so, how many hours per week and what is the cost : _____

Is there currently a family support order? _____

If yes, please state the case number : _____

If yes, please state amount ordered to be paid : _____

If yes, please state if payor is behind in child support : _____

If yes, state amount : _____

Have you participated in any child custody litigation regarding the minor children of this marriage?

If yes, is it pending? _____

If yes, name of the court and case number : _____

Do you know of any past or present court case concerning the custody of your children? _____

If yes, state where : _____

Has Child Protective Services (CPS) been involved with any complaints concerning any of your children, and if yes, state the person who investigated the charges, what was the concern or charges alleged by CPS, and the outcome of any proceeding or services provided by CPS : _____

Is there anyone (grandparent, etc.) who is not a party (your or your spouse) to this litigation who has physical custody of any of the children, or who claims a right to visitation or custodial rights? _____

If yes, please name person, give address, relationship, and explain : _____

Who will receive IRS child dependency exemption :

Child	Age	Person to receive exemption

Have you and your spouse agreed who will receive custody of children? _____

Are you interested in joint custody? _____

Please state what your agreement is regarding custody : _____

Please state whether you are anticipating any problem with visitation and what visitation is anticipated : _____

E. INSURANCE

Are the children involved in this case covered by medical insurance? ____ If yes, state the provider, policy number, group number and member name : _____

Are the children involved in this case covered by dental insurance? ____ If yes, state the provider, policy number, group number and member name : _____

Are the children involved in this case covered by life insurance? ____ If yes, state the provider, policy number, member name and amount of coverage : _____

Are either/both spouses covered by health insurance? _____ If yes, state the provider, policy number, group number and member name :

Husband: _____

Wife: _____

Please complete the attached Domestic Relations Verified Financial Information Form.

Please provide copies of the following information :

1. Copies of last 3 months of statements for every bank account and credit card account.
2. Copies of your tax returns for the past two years.
3. Copies of the last four pay stubs for both you and your spouse.
4. Copies of any deeds or land contracts along with tax statements for any real estate owned by you or your spouse.
5. Copies of insurance cards and policies, both with regard to health insurance, dental insurance, and life insurance.
6. Copies of all most recent statements for pensions, 401(k)s, IRAs, etc.
7. Copies of all vehicle titles.
8. Any other documentation showing the value or existence of assets.
9. A list of personal property.

STATE OF MICHIGAN JUDICIAL CIRCUIT	DOMESTIC RELATIONS VERIFIED FINANCIAL INFORMATION FORM	CASE NO. and JUDGE
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Plaintiff's name _____

v

Defendant's name _____

TO BOTH THE PLAINTIFF AND THE DEFENDANT:

- You must complete this form and serve it 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 sworn affidavit 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: _____

If self-employed, list each owner's draw you have made during the past twelve months: _____

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.

- 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: _____
- 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: _____
- 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:

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

- 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	

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	

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 that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

Subscribed and sworn to before me on _____
Date

Deputy clerk/Notary public signature

My commission expires on _____

Name (type or print)

Notary public, State of Michigan, County of _____ Acting in the County of _____

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.