

8. Spouse's Employer: _____

9. Spouse's Wages: Gross: \$ _____ Net: \$ _____ per _____

10. Child support that you receive: _____

SECTION C: TAXES

_____ A completed tax return from the previous year. **PLEASE ATTACH COPIES**

or indicate that:

_____ a tax return has not been filed for the prior tax year.

11. Current tax year untaxed income and benefits (yearly totals only): \$ _____

a. Social Security Benefits: \$ _____

b. Aid to Families with dependant children \$ _____
(AFDC OF ACD)

c. Child support received \$ _____

d. Other untaxed income and benefits: \$ _____

SECTION D: ASSET INFORMATION

12. Home: Amount your pay for rent/mortgage \$ _____

Total Mortgage Balance(s): \$ _____ Equity: _____

13. Checking Account(s): Financial Institution Name: _____

Account No: _____ Account Balance: \$ _____

14. Saving Account(s): Financial Institution Name: _____

Account No: _____ Account Balance: \$ _____

15. Credit Union Account, Christmas Club, or other any other institution with funds on deposit such as a brokerage account, or mutual fund: _____

16. Year, make and model of all vehicle(s): _____

17. Year, make and model of all recreation vehicle(s)? (example: boats, motorcycles, snowmobiles): _____

For each vehicle, please state the name of all lien holder: _____

18. Do you own any other real estate property? _____

If yes, describe: _____

19. Please Describe all other assets: _____

20. Current cash on hand? _____

SECTION E: MONTHLY EXPENSES

21. Rent/Mortgage:\$ _____ Food: \$ _____ Phone:\$ _____

Utilities (electric, heat, etc.) \$ _____

Child Support that you pay: \$ _____

22. Other monthly bills, Include items such as charge accounts, car payments and other loans. Indicated to whom and how much is paid each month.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

23. Dependents (Name & Ages) _____

24. Are there any other Judgments against you? _____ If yes, describe them:

SECTION F: PAYMENT REQUEST

25. If you feel you can make a monthly payment on your debt, please state the monthly payment you would like to make:

\$ _____.

On what day of the month would you like to make these payments: _____.

The above information is true and correct:

_____ (signature)

Date Form Completed: _____

Please return completed form to:

MARY JANE M ELLIOTT P.C.
24300 Karim Blvd.
Novi, MI 48375

If you have any questions, please contact our office at (248) 306-2000 or toll free at (866) 702-8131.