

# REPORTING RECORD

BAY COUNTY FRIEND OF THE COURT  
 PO BOX 831 -- BAY CITY MI 48707  
 PH: 989-895-4295 -- FAX: 989-895-4220

Office Use Only
Docket # _____
Name _____
Interstate: Y / N

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LEVEL OF EDUCATION: [ ] Less than High School [ ] High School Graduate  
 [ ] Trade School Graduate [ ] Associates Degree  
 [ ] Bachelor's Degree [ ] Graduate Degree

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [ ] Yes [ ] No

DO YOU HAVE ANY PENDING CLAIMS OR LAWSUITS? [ ] Yes [ ] No

NAME & ADDRESS OF LAST OR CURRENT EMPLOYER: \_\_\_\_\_

SOURCES OF INCOME:

AMOUNT RECEIVED WEEKLY/MONTHLY

Cash:	\$ _____
Social Security Benefits:	\$ _____
Unemployment Benefits:	\$ _____
Veterans Administration Benefits:	\$ _____
Workmans Comp Benefits:	\$ _____

State in detail how you are being supported:

List every effort made to obtain employment:

Company Name	Address /Phone	Contact Date	Contact Method Circle One	Contact Name	Position Applied For
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		
			On-line Call E-Mail Fax Mail Interview Application		

Date \_\_\_\_\_

Signature \_\_\_\_\_