

<b>STATE OF MICHIGAN 10<sup>TH</sup> JUDICIAL CIRCUIT FAMILY DIVISION SAGINAW COUNTY</b>	<b>REQUEST FOR FACILITATIVE INFORMATION GATHERING (FIG) CONFERENCE</b>	<b>CASE NO.</b>
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111 N. Michigan Ave., Saginaw, MI 48602

(989) 790-5300

Facilitative Information Gathering (FIG) conferences are part of the Friend of the Court alternative dispute resolution plan to avoid filing a motion. A representative from FOC meets with both parties to address custody, parenting time, and/or child support disputes. If you wish for FOC to have a meeting with both parties, please fill out this form and return it to: Saginaw County Friend of the Court 111 S. Michigan Ave., Saginaw, MI 48602 or by email [foc@saginawcounty.com](mailto:foc@saginawcounty.com).

**Both parties must sign this document and both parties must provide a copy of your driver's license, along with the signed agreement.**

Case Name \_\_\_\_\_ v \_\_\_\_\_ Case # \_\_\_\_\_

Plaintiff's Name \_\_\_\_\_ Defendant's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**REASON FOR FIG CONFERENCE:**

You are requesting to have a FIG conference with Friend of the Court regarding the following issue(s) (circle all that apply):

- 1. Custody
- 2. Parenting time modification
- 3. Child Support
- 4. Domicile

Please state below what you wish to discuss at the FIG conference.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this FIG conference is for child support, please fill out below:

<b>Plaintiff's Employer:</b> _____	<b>Defendant's Employer:</b> _____
<b>Average Weekly Hours:</b> _____	<b>Average Weekly Hours:</b> _____
<b>Hourly wage:</b> \$ _____	<b>Hourly Wage:</b> \$ _____
<b>Gross Annual Income:</b> \$ _____	<b>Gross Annual Income:</b> \$ _____
<b>Annual Child Care Costs:</b> \$ _____	<b>Annual Child Care Costs:</b> \$ _____
<b>Medical Insurance Premium Attributable to the Children:</b> \$ _____	<b>Medical Insurance Premium Attributable to the Children:</b> \$ _____
<b>Number of biological children:</b> _____	<b>Number of biological children:</b> _____

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**File both this form and the Domestic Violence Screening Form at the Friend of the Court office. You must present a copy of your driver's license at the time of filing.**

If you have questions about the FIG conference process, please email [FOC@saginawcounty.com](mailto:FOC@saginawcounty.com) Please note that all meetings are currently held virtually.

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**If there has been a history of domestic violence, no contact orders, or PPOs, you do not have to continue with the FIG conference. If you wish to proceed with the FIG conference, please sign the consent below.**

I, \_\_\_\_\_(name), am providing the Friend of the Court my written consent that I am willing to participate in the Friend of the Court FIG conference.

Dated: \_\_\_\_\_

Signature

\_\_\_\_\_

**SAGINAW COUNTY FRIEND OF THE COURT DOMESTIC  
VIOLENCE SCREENING QUESTIONNAIRE**

Please fill out this form and return it to the Friend of the Court office located at 111 South Michigan Ave. Saginaw, MI 48602, one week before your scheduled meeting. You may mail, fax, email, or drop off the questionnaire to the FOC office. The Domestic Violence Questionnaire is **REQUIRED**. Failing to provide the domestic violence questionnaire to the Friend of the Court office may result in your FIG conference being rescheduled or delayed.

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- 1.) Is there currently or has there ever been an order limiting contact between the two of you, for example, a Personal Protection Order or a No Contact Order?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.) If so, has there ever been a violation of the order, whether or not the violation was ever reported?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3.) Is there an open abuse or neglect case involving your children? If so, please tell me about it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Do you have any concerns about the safety of the children? If so, please describe.

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5.) When you and the opposing party disagree, fight, and/or are angry with each other, what happens?

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6.) Do you ever feel afraid of the opposing party? What are you afraid of? Tell me more about the time you felt most afraid. Do you think that the opposing party has ever felt afraid of you? What do you think he/she may be afraid of?

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7.) Has the opposing party ever caused you to feel threatened or harassed by following you, interfering with your work or education, making repeated phone calls to you, using social media, or sending unwanted letters, emails, text messages, faxes, or gifts? Can you tell me more about it?

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8.) Have there even been physical confrontations between you and the opposing party? If yes, can you explain what happened?

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9.) Are you afraid that the opposing party will harm you during the joint meeting or after you leave because of what you said during the joint meeting? If so, please disclose.

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10) Do you think you will be able to speak up for yourself in mediation?

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**CONSENT FORM**

A FIG conference has been scheduled in this matter. In the event there is a history of domestic violence, no contact orders, or PPOs, a FIG conference cannot be held without the written consent from any victim. By signing below, you are giving Friend of the Court written consent to participate in the FIG conference, knowing that protocols will be put in place to protect your safety before, during, and after the FIG conference.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Parties' names: \_\_\_\_\_