STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SATISFACTION OF FINANCIAL OBLIGATION		CASE NO. and JUDGE	
Court address				Court telephone no.
THE PEOPLE OF		Prisoner's name		
☐ The State of Michigan		v		
		Prisoner no.	SID	DOB
		Institution name and a	address	
On	this cou	urt entered an order to	o remit prisoner funds	s for payment toward

an obligation ordered in a judgment of sentence or other order.

That financial obligation has been paid in full to the court as of Date

Court clerk/Deputy court clerk signature and date

## **CERTIFICATE OF MAILING**

I served a copy of this satisfaction of financial obligation on the prisoner at the institution/facility by first-class mail addressed to its last-known address as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

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Date

Date

Signature

Send a copy of this form by first-class mail or e-mail to:

ATTN: Court Order Unit Michigan Department of Corrections 206 E. Michigan Ave. PO Box 30003 Lansing, MI 48909

MDOC-CourtOrders@michigan.gov

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Distribute form to: Court MDOC Court Order Unit Prisoner