

# Payment Plans

Jackie Hicks  
District Court Collections Clerk

57<sup>th</sup> District Court  
113 Chestnut Street  
Allegan, MI 49010

(269) 686-5273

[jhicks@allegancounty.org](mailto:jhicks@allegancounty.org)

# Payment Plans

- Voluntary option.
- Total amount owed is \$300 or more and is set by the judge or magistrate.

## **Documents needed to apply for a payment plan:**

- Social security card.
- Driver's license or picture ID.
- Current employment paycheck or stub.
- Show proof of residency (a bill or something that is mailed to the defendant at the address where they reside).
- Current bank account statement.
- Name, address, and phone number of two references not living with them.
- Financial information.
- Petition and order for installment payments/wage assignment.

# Payment Plans (cont.)

- If they do not have the documentation with them, an appointment is scheduled.
- A copy of the appointment date and time is given to the defendant (see example below).
- A copy of the collections brochure is given to the defendant (see next two pages).
- Because of gas prices, or to avoid missing time from work, if defendant is present, they can fill out the petition and order and financial information. Once paperwork is completed, defendant is instructed to mail or fax copies of documents from the list as the payment plan is not active until signed by a judge.

<b>57<sup>th</sup> DISTRICT COURT</b> 113 Chestnut Street Allegan, MI 49010 269-686-5273		
Name:	<u>JOHN J DOE</u>	PH: <u>(269) 686-5273</u>
File No:	<u>081234SM</u>	
Appointment Date:	<u>FRIDAY, OCTOBER 3, 2008</u>	
Appointment Time:	<u>4:30 P.M.</u>	
Please bring the following documentation to your appointment:		
✓ Social Security card		
✓ Driver's License		
✓ Current Employment paycheck / stub		
✓ Proof of Residency		
✓ Current Bank Account Statement		
✓ Correct Name, Address and Phone Number of two References NOT related to you.		

**MISCELLANEOUS  
INFORMATION:**

**PROOF OF INCOME**

A Wage Assignment is not an option if your proof of income is from Social Security, Disability, Unemployment, etc. A Payment Plan is your only option where you will take on the responsibility to make your payments to the court on time.

**WHAT ELSE SHOULD I  
KNOW?**

If the Payment Plan option is chosen, a minimum payment amount must be here each month. That minimum amount is decided at the time the Payment Plan is activated. You may pay extra each month, but the minimum amount is due each month.

If the Wage Assignment option is chosen and employment changes at any time before the fine is paid in full, you must notify the court immediately to make other arrangements to pay your fine.

If a defendant moves, they must contact the court with their new address information.

Pre-addressed court envelopes are available upon request.

57<sup>TH</sup> DISTRICT COURT  
COLLECTIONS  
DEPARTMENT

*Payment Options Are  
Available*



**57<sup>th</sup> District Court  
113 Chestnut Street  
Allegan, MI 49010  
(269) 673-0400  
Clerk's Office – Option 3  
Collections – Option 6**



ALLEGAN COUNTY BUILDING

# PAYMENT OPTIONS ARE AVAILABLE

If you need assistance paying your fine with the 57<sup>th</sup> District Court, we have the following voluntary services available:

1. A Payment Plan - if the fine is \$300 or more.
2. A Wage Assignment - if the fine is \$300 or more.
3. An Extension on your fine. Call the court to verify options available.

## **ELIGIBILITY REQUIREMENTS**

- » Your fine must be a Mandatory Court Misdemeanor,
- » Your assessed fine amount must be \$300 or more,
- And
- » You **must** be able to show proof of steady income. Please call the court to verify proof of income that is required.

## **PAYMENT PLAN OPTION**

A Payment Plan is available to those who will take on the responsibility of making payments on time for the fines and costs.

Please contact the court to schedule an appointment. A list of documents that you will need to bring with you will be given to you when you schedule the appointment. These items are needed when you appear to fill out the Payment Plan paperwork.

Payment Plan payments are paid on a monthly basis. You may choose from: The 1<sup>st</sup>, 10<sup>th</sup> or 25<sup>th</sup> of each month, whichever date works best with your budget. This date can not be changed.

Payment must reach the court **on or before** the due date. If the due date falls on a weekend or a holiday, the payment must reach the court on or before **the last business day** before the due date.

Payment Plan Coupons are issued at the time the Payment Plan is entered. These coupons have the payment amount due each month and lists the actual due date.

A late Payment Plan payment will result in an **automatic** Wage Assignment being issued. Allow sufficient time for mailing:

## **WAGE ASSIGNMENT OPTION**

A Wage Assignment is available to those who request that their employer make their payments for them.

Please contact the court to schedule an appointment. A list of documents that you will need to bring with you will be given to you when you schedule the appointment. These items are needed when you appear to fill out the Wage Assignment paperwork.

The court will submit the Wage Assignment order to your employer.

If the employment ends at any time, for any reason, the defendant must notify the court immediately so that other arrangements can be made.

## **EXTENSIONS**

If you are unable to meet the Eligibility Requirements but need additional time to pay, please call the court immediately.

The court will do its best to work with each case individually so that fines get paid and to avoid potential warrants being issued.

## **COLLECTIONS:**

**CALL: (269) 686-5273**

# Payment Plans (cont.)

The SCAO-approved **Financial Statement** (MC 287) can be found at:

<http://courts.michigan.gov/scao/courtforms/general/mc287.pdf>

An example of a similar financial statement form used by this court follows on the next page.

**FINANCIAL INFORMATION  
57<sup>TH</sup> DISTRICT COURT**

**INSTRUCTIONS:**

Fill out **ALL** information  
including the back of this form.

**FOR OFFICE USE ONLY**

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

Case No.: \_\_\_\_\_

Δ's Name: \_\_\_\_\_

**READ BEFORE PROCEEDING:**

I understand that my assessed fine(s)/court costs are due unless approved for a Payment Plan.

**Defendant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

↑ **Defendant's Name:** \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

↑ **Spouse's Name:** \_\_\_\_\_

Spouse's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Marital Status:**

Single     Married     Widowed  
 Separated     Divorced

**Number of Dependents:**

\_\_\_ Self    \_\_\_ Spouse    \_\_\_ Children    \_\_\_ Other    \_\_\_ Total  
The Above Children Live With: \_\_\_\_\_

**INCOME:**

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Wages: Gross \$: \_\_\_\_\_ Net: \$: \_\_\_\_\_ Paid: Weekly    Biweekly    Semimonthly    Monthly

Date of Last Paycheck: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Next Paycheck: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPOUSE'S INCOME:**

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Wages: Gross \$: \_\_\_\_\_ Net: \$: \_\_\_\_\_ Paid: Weekly    Biweekly    Semimonthly    Monthly

Date of Last Paycheck: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Next Paycheck: \_\_\_\_/\_\_\_\_/\_\_\_\_

**List All Other Sources of Income:**

Defendant Unemployed?: Y or N. How Long: \_\_\_\_\_ Spouse Unemployed?: Y or N How Long: \_\_\_\_\_

Unemployment Benefits: \_\_\_\_\_

**(Complete information on the back)**

Name and Address of Individual Contributing to Your Support, if any: (Staying with Friends/Relatives, etc.)

↑ Relationship: Amount per month: Explain:

If your income equals \$0, you must explain your means of support/survival below ↓:

**FINANCIAL**

↑ Checking at: Account No.: Telephone No.:

Bank's Address: City: State: ZIP:

↑ Savings at: Account No.: Telephone No.:

Bank's Address: City: State: ZIP:

<u>INCOME</u>		<u>EXPENSES</u>		<u>ASSETS (INCL. SPOUSE)</u>	
Defendant	\$ _____	Rent / House	\$ _____	Savings Balance	\$ _____
Spouse	\$ _____	Food	\$ _____	Checking Balance	\$ _____
Welfare	\$ _____	Utilities (Gas, Electric)	\$ _____	* Vehicle Value	\$ _____
Social Security	\$ _____	Child Care	\$ _____	Real Estate	\$ _____
Veterans	\$ _____	Alimony / Child Support	\$ _____	Other Property	\$ _____
Unemployment	\$ _____	Transportation	\$ _____		
**OTHER	\$ _____	OTHER EXPENSES	\$ _____	* List Make / Model / Year of Vehicle(s):	
				* List Driver's License No., State, Exp:	
TOTAL INCOME PER MONTH:	\$ _____	TOTAL EXPENSES PER MONTH:	\$ _____	TOTAL CURRENT ASSETS:	\$ _____

**PERSONAL REFERENCES**

Two Personal References (not living with you) are **required**:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

I swear and affirm, under **Penalty of Perjury**, that the above information is true and complete and authorize the Allegan County District Court to verify any information I have recorded on this form, include, but not limited to, authorizing my employer, bank, and the like to release any otherwise confidential information necessary to accomplish verification. I further understand, that I may be subject to penalties, including but not limited to imprisonment, if I fail to pay my assessed fine(s)/court costs as ordered. I understand I may be held in **Contempt of Court** for providing false and/or incomplete information on this application.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MICHIGAN  
57<sup>TH</sup> DISTRICT COURT

PETITION AND ORDER FOR  
INSTALLMENT PAYMENTS /  
WAGE ASSIGNMENT

CASE NUMBER:

Court Address: 113 Chestnut Street, Allegan, MI 49010

Phone: (269) 686-5273

**DEFENDANT INFORMATION: (Please Print)**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ (Home)  
Address \_\_\_\_\_ (Work)  
City/State/Zip \_\_\_\_\_ (Cell)

**PETITION FOR INSTALLMENT PAYMENTS / WAGE ASSIGNMENT**

JUDGMENT/SENTENCE ENTERED: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
Date

Employer Name/Source of Income: \_\_\_\_\_

Employer Address & Phone No.: \_\_\_\_\_

Income Received: \$ \_\_\_\_\_  Weekly.  Biweekly.  Semimonthly.  Monthly.  Other: \_\_\_\_\_  
frequency of payment

Outstanding Debts: \_\_\_\_\_

I request an immediate **WAGE ASSIGNMENT** (See separate order) in the amount of: \$ \_\_\_\_\_ per pay period.

I request the **Wage Assignment not be issued unless my payments are delinquent.**

1. Defendant asks for installment payments of \$ \_\_\_\_\_, paid every \_\_\_\_\_ beginning on: \_\_\_\_\_.
2. Defendant agrees to complete the financial information form(s) to provide any other requested information.

DEFENDANT UNDERSTANDS THAT HE/SHE MUST KEEP THE COURT INFORMED OF HIS/HER **CURRENT ADDRESS** AND THAT FAILURE TO DO SO, OR **FAILURE TO MAKE PAYMENTS AS AGREED**, WILL RESULT IN A **SHOW CAUSE HEARING AND/OR A BENCH WARRANT** FOR HIS/HER ARREST.

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

**ORDER FOR INSTALLMENT PAYMENTS**

**IT IS HEREBY ORDERED** that defendant may pay the fines and costs in this case in installments as follows:

\$ \_\_\_\_\_ on or before the \_\_\_\_\_ and \$ \_\_\_\_\_ every \_\_\_\_\_ of the month until paid in full, or until further Order of the Court.

\_\_\_\_\_ Date

\_\_\_\_\_ Judge/Magistrate

# Payment Plans (cont.)

## Petition and Order for Installment Payments / Wage Assignment

Defendant is given an option of a **payment plan** or a **wage assignment**.

- **Payment Plan** – defendant is responsible for making monthly payments to the court.
- **Wage Assignment** - employer to remit payments to the court for defendant from their payroll check (payments are made based on employer's payroll cycle).

Defendant is advised that if they choose a payment plan, a wage assignment will **automatically** be issued if they are late with just one payment. Petition states that if defendant chooses the payment plan option and is late just one time, the wage assignment will be issued. A box indicating this on the petition and order is checked.

Payment amount is based on defendant's financial statement – income versus expenses, without exceeding their budget.

All financial information is put in a 6"x9" manila envelope and stamped in red with **NOT A PUBLIC RECORD**. The **NOT A PUBLIC RECORD** envelope is stapled inside the file cover and all of the contents are shredded once the file is paid and closed.

# Payment Plans (cont.)

- Defendant chooses one of three monthly due dates this court offers: 1<sup>st</sup>, 10<sup>th</sup>, or 25<sup>th</sup>.
- Defendant is advised that if the due date falls on a weekend or a holiday, payment is due the last business day before the weekend or holiday.
- Defendant is given 3 business days past their due date to make their payment. A calendar is printed 3 business days after the due date using the actual due date.

```
COURTROOM CALENDAR FOR _ INSTALLMENT PAYMENT
WEDNESDAY - SEPTEMBER 10, 2008
```

SEQ	CASE#	TYP	PTY	NAME	ATTY/OFF	PROCEEDING	CHARGE
				NO SPECIFIC TIME			
1	070662SM	SM	D01	DELONG/JOHN/KARL	GIBSON/JAY	PART PYT DUE	POSS MARIJ
2	074250ST	ST	D01	ENGLAND/SUSAN/RNEE	HAYWOOD/CHRI	PART PYT DUE	SUSPEND OPS
3	082252SM	SM	D01	FENNER/JEFFREY/BRUC	ANTKOVIK	PART PYT DUE	DOMESTIC VIO
4	082673FY	FY	D01	LARA/BRIAN/ARMANDO	GREENE	PART PYT DUE	ASLT/RES/OBS
5	080343FY	FY	D01	ROSE/DALE/WILLIAM	ANTKOVIK	PART PYT DUE	LAR 0/\$200

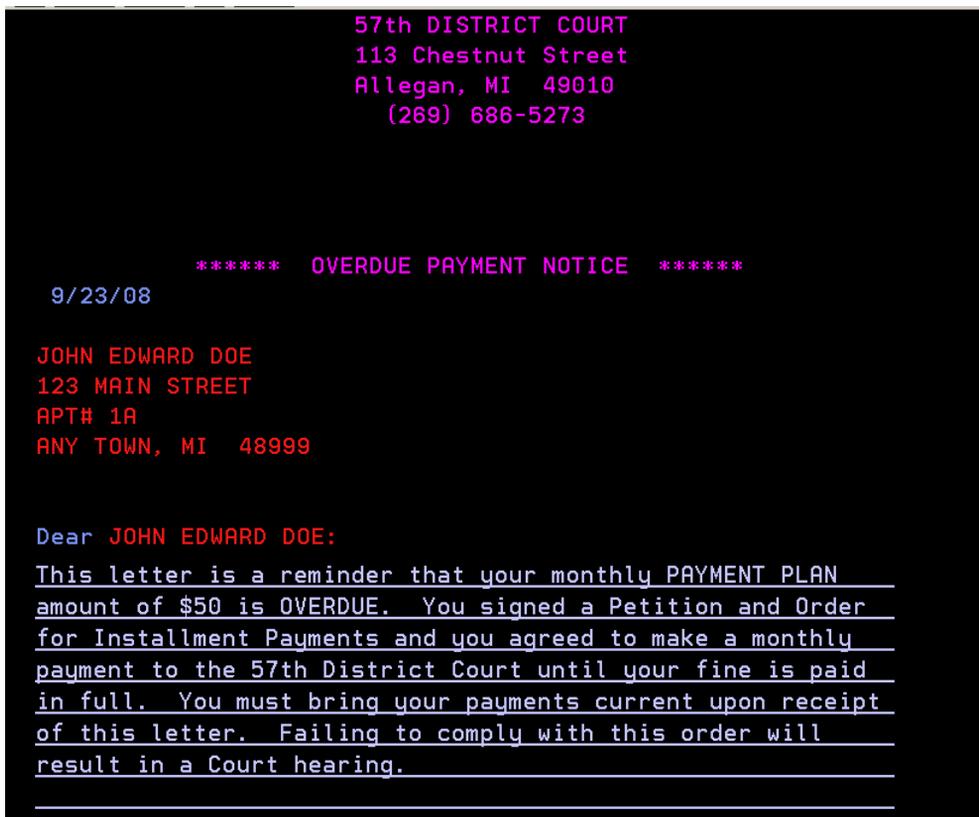
The above calendar was generated and printed the third business day after the 10<sup>th</sup> of the month, which was September 15, 2008.

A paper calendar or a spreadsheet will work in the same manner for tracking and monitoring payments.

# Payment Plans (cont.)

- For defendants listed on the calendar that is printed 3 business days after the due date:
  - A late letter is sent if the defendant is on SSI, disability, or unemployment.
  - A wage assignment is automatically issued for all other defendants.

Example of a late letter/overdue payment notice.



# Payment Plans (cont.)

- For defendants on SSI, disability, or unemployment:
  - If payment is not made within 7 days of the late letter, a show cause hearing is scheduled in front of the sentencing judge.
  
  - A date is selected from the scheduling book that is at least 7 days out from the current date (this allows sufficient amount of time for mailing of the show cause notice).
  
  - This court's judges hold show cause hearings on Tuesday and Wednesday.
  
  - If payment is made before the defendant's show cause hearing, the show cause hearing is cancelled and the payment plan due date is extended for another month.
  
  - If payment is not made and defendant fails to appear at the show cause hearing, a bench warrant is issued.

# Payment Plans (cont.)

## Results

104 - Total active payment plans.

35 - Payment plans established prior to June 2007 or who received SSI, disability, or unemployment.

11 - Payment plans in warrant status.

- Totals as of September 23, 2008

Paul R. Tomhave  
Felony Collections Officer

20<sup>th</sup> Circuit Court, Room 303  
414 Washington St.  
Grand Haven, MI 49417

(616) 846-8330

[ptomhave@miottawa.org](mailto:ptomhave@miottawa.org)

**STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF OTTAWA**

**PEOPLE OF THE STATE OF MICHIGAN**  
v.

File No. \_\_\_\_\_

**ORDER FOR INSTALLMENT  
PAYMENTS**

\_\_\_\_\_  
Defendant.

At a session of said Court held on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.  
**PRESENT: HONORABLE \_\_\_\_\_, Circuit Judge.**

The Court ordered defendant to pay financial obligations at the time of sentencing. Defendant failed to pay the financial obligations as ordered. Defendant has demonstrated good cause why he/she cannot pay the financial obligations as ordered.

Therefore, the court orders that the defendant shall pay the financial obligations as follows:

\_\_\_\_\_ Defendant shall pay the sum of \$ \_\_\_\_\_ on or before \_\_\_\_\_.

\_\_\_\_\_ Defendant shall make periodic payments as follows:

\$ \_\_\_\_\_ or more on the \_\_\_\_\_ day of each \_\_\_\_\_  
beginning \_\_\_\_\_ until the balance of all financial obligations  
is paid in full.

\_\_\_\_\_ Defendant shall keep court notified of job, income or residence change within  
5 days of such change

\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Failure to pay as ordered may be deemed contempt of court and defendant  
may serve \_\_\_\_\_ days in jail. Serving jail time does not relieve  
defendant from the responsibility to pay.

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

\_\_\_\_\_  
Circuit Judge

I agree that I received a copy of this order  
on \_\_\_\_\_, 200\_\_\_\_.

Service on defendant via U.S. Mail \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_

**MAIL MONEY ORDER PAYMENT TO:**

Circuit Court Records  
414 Washington St., Room 301A  
Grand Haven, MI 49417

Write file/case number on money order

**To make payment by Visa  
or MasterCard call  
616.846.8311**

**To pay via Internet:  
<http://www.miottawa.org>**

Rick Bradley  
Chief Enforcement Officer

12<sup>th</sup> District Court  
312 S. Jackson  
Jackson, MI 49201

(517) 768-6857

[rbradley@co.jackson.mi.us](mailto:rbradley@co.jackson.mi.us)

# Payment Plans

- Referrals
- New Business
- Payment Schedule
- Method of Payment
- Follow-up and Enforcement

# Sample Payment Plan

12th District Court - Collection Program - [NEW ACCOUNT]

File Edit Insert Records Window Help

Arial 10 B I U A

Close Form Click to Add Record **NEW ACCOUNT** Import from JIS

**Case No** 07J140133B **Street Address** 130 Damon **Employer** footc hosp  
**Status:** Closed **City** Jackson **Employer Address**  
**Agent:** Zorner **State** MI **Employer Address**  
**Type:** District **Zip** 49203 **Amount** \$130.00  
**Name** Kelley, Shakia **Township** DLN  
**DOB** 9/3/1985 **Telephone - Other** (517) 812-0296 **SSN** 377-96-6234  
**Race:** Black **Telephone - Work**  
**Sex:** Female **Telephone - Home** (517) 748-0055 **Entered** 4/12/2007

Open Employee Notes

Payment	Date	Case No
\$0.00	4/12/2007	07J140133B
\$25.00	3/28/2008	07J140133B

Enter payment if paying today. If no payment is made enter \$0 in the payment field.

Save

Record: 1 of 1 (Filtered) Form View

FLTR NUM

# Sample Notes

12th District Court - Collection Program - [Firm Notes]

File Edit Insert Records Window Help

MS Sans Serif 8 B I U A

**Case Notes**

Close Form

Name: Kelley, Shakia Case No: 04J107459C  
DOB: 9/3/1985 Status: Closed  
SSN: 377-96-6234

Notes

1/0/26/07 clt came in and added 07 sub5526a to pp at 25 e2w in person. Next due 11/9/07. Daz  
1/7/08 clt has paid 2 in last two months a total of 30. S/c req.  
Sc for 2/1/08  
2/1/08 clt pd 100 date and came in for s/c. To pit by 3/1 4/08 or will begin payments again at that time. Clt off work due to losing baby. Daz  
2/28/08 clt had date. To pay 50 date and then 25 e2w as going back to work next week. Daz  
6/10/08 s/c req. daz  
sc for 7-3-08 if.  
7/3/08 Def appeared for sc. Wage assigned prepared and mailed to Allegence Health (Footote hospital) @ \$20 bi weekly. RB

Record: 1 of 9 (Filtered)

Form View

Start 4 pcsms 12th District Co... NEW ACCOUNT Firm Notes Novell Groupw... Microsoft Powe... Document3 - M... NUM 1:17 PM