

# Collections Enforcement Program

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Midland County  
42<sup>nd</sup> Circuit Court  
Family Division

## Procedure

Following the dispositional hearing, a financial packet is sent to the parents. The financial packet includes:

- Notice to Parent(s)
- Informational Letter
- Financial Statement to be Filled Out by Parent(s)
  - Financial statements are due to the court within two weeks. Failure to complete the financial statement will result in the parent being billed 100% of out-of-home costs.

## Procedure, cont.

- It is important to ensure that the financial statement is completed entirely. If you need to issue a bench warrant in the future, you will need the following information: height, weight, date of birth, etc.
- Annual incomes input into Margin Soft.
- Reimbursement order generated.
- Billing statements sent on a monthly basis. Payments due the last business day of the month. The average number of bills sent out per month are 620.
- The financial officer can set payment arrangements. If a payment plan is arranged, a stipulation and order is signed by the parent(s) and the court.

## Show Cause

- After 91 days with no payment, a show cause notice is generated.
  - Possible Disposition Orders:
    - Wage assignment if payment plans are requested.
    - Payment in full due by a date set by the court.
    - Bench warrants if party fails to appear.
      - Bonds are set at \$150.00 for a first show cause, \$250.00 for a second, third or more, balance of account, plus \$250.00 in contempt fees.
  - Show cause fees are set at \$50.00 for a second, \$100.00 for a third, and a fourth or more is \$250.00.

## Billing Rates on Delinquency Cases

- \$2.00 per day for probation oversight fees.
- \$6.00 per day for intensive probation fees.
- \$60.00 per hour for court-appointed attorney fees.
- \$6.50 per day for tether fees.
- \$6.00 per test for drug testing fees.
- Payment for out-of-home costs is figured on a household income basis, unless the parent chooses not to fill out the financial packet. In that case, the actual costs are billed.

If the parents are not married, the rates are split evenly on separate billing statements.

## Billing Rates on Neglect & Abuse Cases

- 100% of the cost for the parent's attorney if court appointed, 50% for the guardian ad-litem fees.
- Payment for out-of-home costs are figured on a household income basis, unless the parent chooses not to fill out the financial packet. In that case, actual costs are billed. The payment for out-of-home placement costs is reduced by 20% to offset attorney fees.

If the parents are not married, the rates are split evenly on separate billing statements.

## Enforcement

Collections enforcement began in November of 2001.

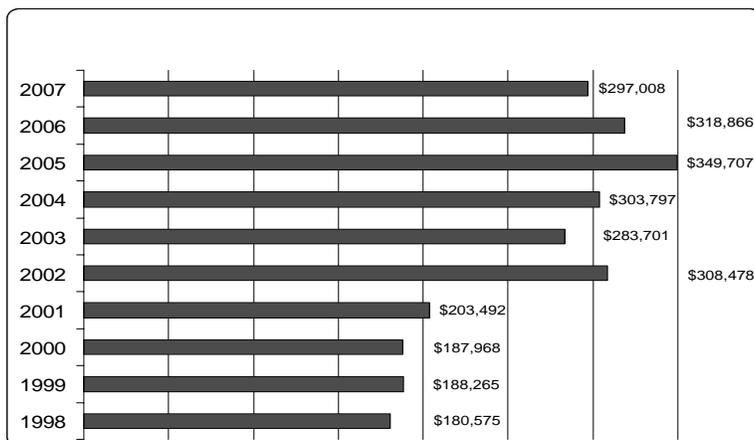
Since then, the court has scheduled:

- 1,376 Show Cause Hearings

And ordered:

- 420 Wage Assignments
- 310 Bench Warrants

## Results



**Using 2001 revenues as a baseline, the court collected an additional \$640,605 between 2002 and 2007.**

## Cost & Revenue Sharing

- State or County Ward
  - Expenses
    - 50% County Child Care Fund, 50% State Expense
  - Revenue
    - 25% County Collection Fee, 37.5% County Child Care Fund Revenue, 37.5% State Revenue.
- Title IV-E Ward
  - 100% State Expense
  - 25% County Collection Fee, 75% State Revenue

June 17, 2008

Ronald Smith  
301 West Main Street  
Midland, MI 48640

Re: John Smith  
Case Number: 01-1111-DL or NA  
Notice to Parent/Custodian for Financial Review

Dear Mr. Smith:

The Michigan Juvenile Code MCL 712A.18(2) requires that the parent, guardian or custodian reimburse the Court for cost of care or services provided for the child under Court jurisdiction. The amount shall be reasonable, taking into account both the income and resources of the child, parent, guardian or custodian. Reimbursement applies during the entire period the child remains in care, is outside of the child's own home and/or under State or Court supervision (unless the child is in the permanent custody of the Court).

In order to assess reasonable cost of care as provided by law, you are hereby notified to participate in a financial review meeting at the Juvenile Division office by returning the requested information by July 1, 2008. If you have any questions, please call, (989) 832-6895.

Complete the enclosed financial statement. Remember to send your last two pay check stubs, and any child support or unemployment information and documentation. To complete your financial packet you must include a copy of your driver's license.

Failure to send in a complete packet shall be cause for being assessed the maximum amount. Please send the completed, enclosed forms by July 1, 2008. Please call (989) 832-6895 with any questions or concerns.

Sincerely,

Carol Webb  
Financial Officer

FORTY-SECOND CIRCUIT COURT – FAMILY DIVISION  
Midland County Courthouse 301 West Main Street Midland, Michigan 48640

Court Service and Out of Home Care Fee Information

Unless otherwise determined and ordered by the court, the following fees will be assessed to the parents of the youth coming under the jurisdiction of the Midland County Circuit Court Family Division, based on a financial disclosure that will be sent separately.

- Attorney costs – \$60.00 per hour, plus actual costs, if an attorney is assigned to your case.
- Electronic Monitoring - \$6.50 per day.
- Probation - \$2.00 per day.
- Intensive Probation - \$6.00 per day.
- Out of home Costs – The daily rate for any out of home care may be assessed according to your individual family income provided that you fill out and return this packet to us within the allotted time. The court will assume that any parent/custodian who fails or refuses to cooperate with the financial disclosure process has the ability to reimburse 100% of actual costs and will so order it. Actual costs are as follows:
  - If your youth is placed in detention, the daily rate of \$150.00 will be billed.
  - If your youth is placed in the Day Treatment Program the daily rate of \$115.00 will be billed.

The court mails monthly statements of account and it is expected that these billed amounts will be paid in full each month. Payments may be made at the reception counter, or by mail. Please be sure to include the youths name, and the case number on all forms of payment to ensure proper credit to your account.

Payments made by check should be made payable to: “42<sup>nd</sup> Circuit Court-Family Division.”  
Mail to: Juvenile Reimbursement Office, Midland County Courthouse – “B” Level, 301 West Main Street, Midland, Michigan 48640.

If you have any questions, or are not clear on the information provided, you may contact me directly at (989) 832-6895 between the hours of 8:00 a.m. and 5:00 p.m. I will be more than glad to review this information with you and answer any of your questions.

Once you receive your Reimbursement Order you will have an outline of your monthly bill. If at that time you feel that you are going to have substantial financial difficulties paying the ordered rates, your proper course of action will be to request a hearing on a Motion to Reconsider Reimbursement Order. To request a hearing on this Motion please call (989) 832-6895. Please do not ignore or fall behind on your payments. Account delinquency will result in a Show Cause Hearing before the court for Contempt of Court, which could result in jail time and/or alternate collection methods. Remember to also keep me updated on any changes in your address or contact information to ensure that you receive your monthly statements.

Thank you in advance for your cooperation.

Carol Ann Webb  
Financial Officer

<b>STATE OF MICHIGAN 42<sup>ND</sup> CIRCUIT COURT, FAMILY DIVISION MIDLAND COUNTY</b>		<b>FINANCIAL STATEMENT</b>			<b>CASE NUMBER</b>	
Court address: 301 W. Main Street, Midland, MI 48640				Telephone no. 989-832-6895		
In the matter of:						
<b>Complete this form and sign the back.</b>						
<b>BIOLOGICAL FATHER</b>						
Full Name		Date of Birth		Place of Birth: City and State		
Address		City	State	Zip	Home Telephone Number	
Driver's License Number			Work Telephone Number			
SSN	Eye Color	Hair Color	Height	Weight	Race	Scars, Tattoos, etc.
Name of Dependent Children		Birth Date	Gender	Natural/Step/Adopted		Address
Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>INCOME</b>						
Your Occupation:			Your Employer:			
Employer's Address		City	State	Zip	Date Hired	
Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly				Filing Status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household		
Hourly Pay Rate (including shift premium and COLA)		Total regular hours worked per pay period		Average overtime hours for past 12 months		
Second Job:			Employer:			
Employers Address		City	State	Zip	Date Hired	
Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly		Hourly pay rate		Average hours worked per pay period since hire date		
If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:						
Name of last full-time employer			Address of last full-time employer			
Position held at last place of full-time employment			Last day employed full-time			
Length of time employed in last full-time position			Reason for leaving last full-time employment			
Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly						

<b>STATE OF MICHIGAN 42<sup>ND</sup> CIRCUIT COURT FAMILY DIVISION MIDLAND COUNTY</b>	<b>FINANCIAL STATEMENT</b> Page 2	<b>CASE NUMBER</b>
List MONTHLY income from all other sources, such as:		
Commissions	Unemp. Benefits	National Guard & Res. Drill Pay
Bonuses	Strike Pay	Armed Services
Profit Sharing	SUB Pay	Allowance for Rent
Interest	Sick Benefits	Rental Income
Dividends	Worker's Comp.	Spousal Support/Alimony
Annuities	Soc. Sec. Benefits	State Disability Assistance
Pensions/Longevity	VA Benefits	FIP
Deferred Comp./IRA	Disability Insurance	Supp. Security Income SSI
Trust Funds	GI Benefits	Other
Do you have any other alimony or child support orders? <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient		
If so, complete a. b. and c.		
Amount of order (do not include arrearages)	Type of order/Case No.	City, County and State
Does the minor child receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Benefit (Check one)		Source of dependent benefit
Child's Name	SSSI	Dependent Benefit
Amount (monthly)		(Mother, Father, Stepparent)
Attach your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, if it is listed on your earnings statement or check stub. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.		
Do you have any medical conditions/restrictions that affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain medical condition/restriction, if on social security, attach a copy of a statement with your claim number on it:		
List any additional information that would be useful to the court in making a financial recommendation:		

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Reminder List:**

**Have you signed this questionnaire?**

Have you attached your two most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?

**If self-employed, attach a copy of your three most recent business tax returns and/or corporation returns.**

Attach any additional information that may be useful in making a financial recommendation. Make sure you use enough postage to cover these additional items.

**Make a copy of this form for your own records.**

**Send the original form, completed and signed to: The 42<sup>nd</sup> Circuit Court Family Division  
301 W. Main St. Level B  
Midland, MI 48640**

Case Name:

Prepared By:

Office:

Date: 3/27/2008

### Father (3rd party custody)

Gross Income	\$0
FICA/SE	-\$0
State/Local Tax	-\$0
Federal Tax	-\$0
Tax Credits (except care credit)	+\$0
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Pre Adj Income	\$0
-----	
Pre Adj Net/Mo	\$0
Manual Adj/Mo	-\$0
-----	
Adj Net/Mo	\$0
Day Care Supplement/Mo	\$0
Health Ins Supplement/Mo	N/A
Base Child Support/Mo	-\$25
Ord Health Supplement/Mo	-\$2
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Net Income/Mo	-\$27

### Mother (3rd party custody)

Gross Income	\$14,456
FICA/SE	-\$1,106
State/Local Tax	-\$275
Federal Tax	-\$0
Tax Credits (except care credit)	+\$406
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Pre Adj Income	\$13,481
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Pre Adj Net/Mo	\$1,123
Manual Adj/Mo	-\$0
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Adj Net/Mo	\$1,123
Day Care Supplement/Mo	\$0
Health Ins Supplement/Mo	N/A
Base Child Support/Mo	-\$285
Ord Health Supplement/Mo	-\$22
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Net Income/Mo	\$816

### Case Data

Number Of Minors = 1  
Father's Exemptions = 2/1  
Mother's Exemptions = 2/1  
2nd Family Adj = None  
Manual Inc Adj = None  
Father's File Status: S  
Mother's File Status: HH

Pays Extraordinary Medical At 10.0%

Pays Extraordinary Medical At 90.0%

### Father's Obligation

No Child Day Care Payments Were Indicated  
Ordinary Health Care Supplement Is \$2 Per Mo

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The Child Support Payments By Guideline Are:  
\$25 +/- The Supplements = \$27 Per Mo

Parents Of The Child(ren) Live In The Same Household.

### Mother's Obligation

No Child Day Care Payments Were Indicated  
Ordinary Health Care Supplement Is \$22 Per Mo

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The Child Support Payments By Guideline Are:  
\$285 +/- The Supplements = \$307 Per Mo

$$307 \times .033 = 10.13$$

Probation fees <1.00>

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9.13

STATE OF MICHIGAN  
MIDLAND COUNTY PROBATE COURT  
42ND CIRCUIT COURT-FAMILY DIVISION

IN THE MATTER OF: John Smith

File Number: 01-1111-DL

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MICHAEL CARPENTER (P49909)  
Midland County Prosecutor  
301 West Main Street  
Midland, MI 48640  
989-832-6722

STEVE SMITH (P11111)  
Attorney for Minor  
301 West Main Street  
Midland, MI 48640  
989-555-1212

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At a session of Court held in the City of Midland,  
Midland County  
On the 17th day of June, 2008

PRESENT: Honorable Dorene S. Allen, P32468  
Circuit Family & Probate Judge

ORDER FOR REIMBURSEMENT

THE COURT HAVING REVIEWED THE FILE, and being otherwise fully advised in the premises it is ordered that:

1. Ronald Smith, father of John Smith is responsible for the following court service fees.
2. Costs and expenses are assessed as follows:
  - a. Court appointed counsel in the amount of \$60.00 per hour, plus actual costs if counsel is assigned.
  - b. Minor's care, clothing, medical, dental, optical, and other needs which the court determines necessary.
  - c. Court services: \$1.00 per day for Probation, beginning June 17, 2008.
  - d. Court services: \$3.00 per day for Intensive Probation, if so ordered.
  - e. \$9.13 per day for out-of-home care expenses when paying probation oversight fees, if so ordered.
  - f. \$10.13 per day for out-of-home care expenses when not paying probation oversight fees, if so ordered.
3. Reimbursement for the above charges shall be as follows:

Ronald Smith shall reimburse the court by paying the full amount due on each monthly bill. Payments are payable to: 42<sup>nd</sup> Circuit Court – Family Division Reimbursement Office, 301 West Main Street, Midland, MI 48640. Please include the case number with payment.

Dated: June 17, 2008

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Dorene S. Allen                      P32468  
Circuit Family & Probate Judge

CASE #	SFX#	PTY#	TYPE	NAME
[REDACTED]	1	1	F01	[REDACTED]

AMOUNT ENCLOSED: \_\_\_\_\_

RETURN PAYMENT TO: MIDLAND CIRCUIT COURT-FAMILY DIVISION  
301 WEST MAIN STREET - B LEVEL  
MIDLAND MI 48640

Please detach here and enclose top portion with your payment.

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[REDACTED] 1 1 F01

MIDLAND CIRCUIT COURT-FAMILY DIVISION  
301 WEST MAIN STREET - B LEVEL

MIDLAND MI 48640  
(989) 832-6895

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BILLING FROM 2/06/2008 TO 3/20/2008 PAYMENT DUE APRIL 19, 2008

CHARGES FOR	DESCRIPTION	NEW CHARGES	AMOUNT DUE
[REDACTED]	07000644 32 PROBATION O	\$43.00	\$220.00
	07000644 32 SIMPLE MISD		\$20.00

PREVIOUS BALANCE	PAYMENTS	NEW CHARGES	PAYMENT DUE
\$197.00	\$ .00	\$43.00	\$240.00
		ACCOUNT BALANCE	\$240.00

THE BILLING STATEMENTS WERE GENERATED LATER THAN USUAL THIS MONTH. THE DUE DATE FOR MARCH PAYMENTS WILL BE APRIL 19TH. APRIL PAYMENTS WILL BE BACK ON SCHEDULE, DUE ON APRIL 30TH.

FAILURE TO MAKE PAYMENTS COULD RESULT IN THE COMMENCEMENT OF CONTEMPT OF COURT PROCEEDING MCL 712A.18(2)

\*\*\*\* PLEASE DO NOT SEND CASH BY MAIL \*\*\*\*

ACCOUNT BALANCE MAY CHANGE DUE TO ADDITIONAL COST AND/OR FINES ASSESSED

[REDACTED]  
[REDACTED]  
[REDACTED]

STATE OF MICHIGAN  
MIDLAND COUNTY PROBATE COURT  
42ND CIRCUIT COURT-FAMILY DIVISION

IN THE MATTER OF: Joshua Brown

File Number: 00-570-DL

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MICHAEL CARPENTER (49909)  
Midland County Prosecutor  
301 West Main Street  
Midland, MI 48640  
989-832-6722

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At a session of Court held in the City of Midland,  
Midland County  
On the 18th day of December, 2007

PRESENT: Honorable Dorene S. Allen  
Circuit Family & Probate Judge

STIPULATION AND ORDER

The Court having received verbal information from the Financial Officer finds that Edgar Brown has stipulated to the following agreement.

Edgar Brown will pay \$400.00 on December 19, 2007. The \$250.00 in contempt fees assessed on December 18, 2007, will be held in abeyance at this time. The balance of \$173.09 will be paid in full by January 31, 2008. If the account balance is not paid in full by January 31, 2008, the \$250.00 in contempt fees will be added to the account, and the balance of \$423.09 will be due by February 15, 2008. Failure to pay the balance by February 15, 2008, will result in jail time to be determined by the Court.

THEREFORE, IT IS THE ORDER OF THIS COURT, Edgar Brown will pay \$400.00 on December 19, 2007. The \$250.00 in contempt fees assessed on December 18, 2007, will be held in abeyance at this time. The balance of \$173.09 will be paid in full by January 31, 2008. If the account balance is not paid in full by January 31, 2008, the \$250.00 in contempt fees will be added to the account, and the balance of \$423.09 will be due by February 15, 2008. Failure to pay the balance by February 15, 2008, will result in jail time to be determined by the Court. The Court must be notified immediately of any change in address or employment status.

IT IS SO ORDERED UNTIL FURTHER ORDER OF THIS COURT.

Stipulated and agreed.

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Edgar Brown

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Honorable Dorene S. Allen, P32468  
Circuit Family & Probate Judge