

Michigan Court Rule 1.110 Collection of Fines and Costs

Fines, costs, and other financial obligations imposed by the court must be paid at the time of assessment, except when the court allows otherwise, for good cause shown.

**ISABELLA COUNTY TRIAL COURT COLLECTIONS
DISTRICT COURT DIVISION**

| Annual Collections | Money Assessed | F&C Collected | Restitution Collected | Total Collected F&C / Restitution | Collected over Assessed |
|--------------------------------------|----------------|----------------|-----------------------|-----------------------------------|-------------------------|
| June 02-May 03 | \$2,574,923.22 | \$2,763,293.25 | \$63,120.17 | \$2,826,413.42 | \$251,490.20 |
| June 03-May 04 | \$2,805,786.16 | \$2,916,977.70 | \$104,345.70 | \$3,021,323.40 | \$193,429.55 |
| Commenced Collections Program | | | | | |
| June 04-May 05 | \$3,056,671.13 | \$3,474,866.85 | \$84,534.95 | \$3,559,401.80 | \$503,821.02 |
| June 05-May 06 | \$2,523,682.87 | \$2,980,013.47 | \$95,907.12 | \$3,075,920.59 | \$452,237.72 |
| June 06-May 07 | \$2,492,274.02 | \$2,819,737.66 | \$117,780.11 | \$2,937,517.77 | \$445,243.75 |
| June 07-May 08 | \$2,369,606.98 | \$2,756,599.14 | \$109,588.13 | \$2,866,198.29 | \$496,591.31 |

AFFIDAVIT AND
DEFENDANT'S FINANCIAL STATEMENT

Isabella County Trial Court
300 North Main Street
Mt. Pleasant, MI 48858
(989) 772-0911

Thoroughly and legibly complete this Affidavit and Defendant's Financial Statement. **Do not leave any blanks.** If an item does not pertain to you, fill in "N/A" for not applicable.

WARNING: It is a felony to intentionally submit false information to a Court. The maximum penalty is 15 years in prison. MCL 750.423

| | | | | |
|--|----------------|--------------------|---|----------------------------|
| DEFENDANT | | | | |
| Name: (First, Middle, Last) | | | Maiden Name: | |
| Social Security No.: | Date of Birth: | Age: | Student: | College/University/School: |
| | | | Part Time ____ Full Time ____ | |
| Current Address: | | | How Long? _____ | |
| Previous Address: | | | How Long? _____ | |
| Permanent Mailing Address: (If student, list <u>parent's name and address and telephone number</u>) | | | | |
| Home Phone: | Cell Phone: | Work Phone: | Message Phone: | |
| Driver's License No: | State: | Expiration Date: | Marital Status: Single ____ Married ____ Divorced ____ Window(er) ____ Separated ____ | |
| No. of Dependents: Spouse: ____ Children (ages): _____ Other (Relationship) _____ | | | | |
| Employer: (<u>Name and address</u>) | | Supervisor's Name: | | Phone No.: |
| How Long Employed? | Your Title: | Hours per Week: | Hourly Rate: \$ _____ | |
| Pay Schedule: | | | Date of Next Check: | |

DEFENDANT

Weekly ___ Bi-Weekly ___ Other _____

Payroll Deductions: Health Ins. ___ Savings ___ Garnishments ___ Life Ins. ___ Child Support ___
Other _____

If Unemployed, Your Trade: _____ How Long Have You Been Unemployed? _____

Military: (Branch) _____ Rank: _____ No. of Years _____

Company/Unit Assigned to: _____ First Sgt.: _____ Phone No.: _____ Serial No. _____

SPOUSE

Name: (First, Middle, Last) _____ Nickname or Maiden Name: _____

Employer: (Name and address) _____ Supervisor's Name: _____ Phone No.: _____

How Long Employed? _____ Job Title: _____ Hours per Week: _____ Hourly Rate: _____
\$ _____

Pay Schedule: _____ Date of Next Check: _____
Weekly ___ Bi-Weekly ___ Other _____

Social Security No: _____

| Monthly Income Received | Monthly Expenses Paid |
|--|--|
| Net Take-Home Pay (Self) \$ _____ | Mortgage/Rent \$ _____ |
| Net Take-Home Pay (Spouse) _____ | Utilities |
| Unemployment _____ | Electric _____ |
| Worker's Compensation _____ | Gas _____ |
| Welfare _____ | Phone _____ |
| Social Security _____ | Water _____ |
| Retirement/Pension _____ | Total: _____ |
| Child Support _____ | Vehicle Loan _____ |
| Alimony/Maintenance _____ | Vehicle Insurance _____ |
| Disability _____ | Life/Health Insurance _____ |
| Veteran's Benefits _____ | Credit Cards _____ |
| Parents _____ | Loans (personal, student, bank) _____ |
| Accident Benefits _____ | Medical _____ |
| Allotment Checks _____ | Child Care _____ |
| Interest Income _____ | Child Support _____ |
| Dividends _____ | Other: _____ |
| Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total Monthly Household Income \$ _____ | Total Monthly Household Expenses \$ _____ |

| Detailed Monthly Expenses | Status C-Current P-Past Due | Amount Owing | Due Date | Monthly Pmt |
|--|-----------------------------------|-----------------|----------|-------------|
| Landlord's Name, Address, Phone No.: | | | | |
| Bank: (Lending Institution Name, Address, Phone No.) Type of Loan: _____ | | | | |
| Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____ | | | | |
| Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____ | | | | |
| Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____ | | | | |
| Vehicle Loan: (Lending Institution Name, Address, Phone No.) Description of Vehicle: _____ | | | | |
| Vehicle Loan: (Lending Institution Name, Address, Phone No.) Description of Vehicle: _____ | | | | |
| Other Financial Obligations: (Describe in Detail) | | | | |

ASSETS

Vehicle #1 (Make and Model): _____
Year: _____ Plate No. _____ State: _____ Expiration Date: _____ Present Value \$ _____

Vehicle #2 (Make and Model): _____
Year: _____ Plate No. _____ State: _____ Expiration Date: _____ Present Value \$ _____

Bank Accounts: (Name, Address and Phone No. of Institution)

Checking Account # _____ Balance \$ _____

Savings Account # _____ Balance \$ _____

Investment Accounts (Name of IRA, stocks, bonds, profit sharing, pension program)

Estimated Value \$ _____

Estimated Value \$ _____

Estimated Value \$ _____

Estimated Value \$ _____

Personal assets, such as real estate, boats, motorcycles, snowmobiles, jewelry, etc. (Describe)

Estimated Value \$ _____

Estimated Value \$ _____

Estimated Value \$ _____

Estimated Value \$ _____

REFERENCES:

Full name and address of nearest relative not living with you:

| Name | Street Address, City, State, Zip | Relationship | Phone No |
|-------|----------------------------------|--------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I swear (affirm) under the penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information needed by the Court.

Dated: _____

Defendant's Signature