

**CRIME VICTIM SERVICES COMMISSION  
DEPARTMENT OF COMMUNITY HEALTH**

**CRIME VICTIM RIGHTS ASSESSMENT REPORT  
(Instructions for completing this form on reverse side)**

1. Court name, number, address, telephone & email address.	2. Collection Period – (Month/Year)
	3. Funding Unit

**CONVICTIONS AND ASSESSMENT ORDERS**

4. Total number of assessable convictions	
5. Total number of assessed defendants	
6. Total dollar amount of assessments imposed	\$

**ASSESSMENTS COLLECTIONS AND TRANSMITTALS**

7. Total dollar amount of assessments collected	+\$
8. Assessments derived from the following (check those that apply): <input type="checkbox"/> Felony convictions (\$130) <input type="checkbox"/> Misdemeanors (\$75) <input type="checkbox"/> Criminal ordinances (\$75) <input type="checkbox"/> Juvenile dispositions (\$25)	
9. Administrative Stipend – 10% of assessments collected	- \$
10. Deposit of Restitution unclaimed for 2 years (see instructions on reverse side)	+\$
11. Refunded Restitution previously reported in #10 above (see instructions on reverse side)	- \$
12. Total amount of assessments transmitted to the Department of Treasury for account #228.37.	\$

I certify that the information included in this report is correct and accurately reflects assessments collected in accordance with PA 196 of 1989.

13. Signature and Title of Preparer	Date
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By authority of PA 196 of 1989 and PA 87 of 1985 completion of this form is mandatory.

CRIME VICTIM RIGHTS ASSESSMENT REPORT  
INSTRUCTIONS

1. Enter the court name, number, mailing address, telephone number and email address.
2. Collection Period. Enter the month and year during which the reported assessments were collected.
3. Funding Unit. Enter the county(ies), city(ies), or township(s) that comprise the court's funding unit.
4. Total number of assessable convictions. Enter the total number of assessable convictions in the court for the reporting period.
5. Total number of assessed defendants. Enter the total number of defendants assessed in the court during the reporting period. Number reported is not necessarily equal to the number reported in #4.
6. Total dollar amount of assessments imposed. Enter the total dollar amount of assessments imposed in court during the reporting period.
7. Total assessments collected. Enter the total dollar amount of assessments collected during the reporting period.
8. Assessments derived from. Indicate the type of offense from which assessments are derived. Felony convictions (\$130), Misdemeanors (\$75), Criminal Ordinances/ordinance violations resolved by a conviction (\$75), or Juvenile Dispositions (\$25). Check all those that apply.
9. Administrative stipend. Enter 10% of the total assessments collected (#7). This amount is retained by the court for its cost of collecting the assessment.
10. Unclaimed restitution – When a court has held unclaimed restitution for a period of 2 years, the court shall deposit such restitution in the Crime Victim Rights Assessment Fund and report the amount of the deposit in Number 10.
11. Refunded restitution – If a person whose unclaimed restitution was previously reported in Number 10 above comes forward to claim the restitution, the court shall pay that restitution to the person out of current (and subsequent months, if required) Crime Victim Rights Assessment revenue. Report all such payments in Number 11.
12. Enter the total amount to be transmitted to the Department of Treasury for Account #228.37 for the reporting period (subtract #9 from #7). At this time adjust the total for unclaimed and claimed restitution. Transmittal of funds should be to the Department of Treasury with the approved transmittal advice form.
13. Certification. Signature of the person that certifies to the accuracy of the information in this report.

Submit the completed report by the end of each month to:

Crime Victim Services Commission  
Crime Victim Rights Assessments  
Department of Community Health  
320 S. Walnut Street  
Lansing, Michigan 48913  
Or FAX to: (517) 334-9462