

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT JUDICIAL DISTRICT</b>	<b>ORDER TO REMIT PRISONER FUNDS FOR FINES, COSTS, AND ASSESSMENTS</b>	<b>CASE NO.</b>
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Court address Court telephone no.

TO: Institution name and address

THE PEOPLE OF  The State of Michigan

\_\_\_\_\_

v

Defendant's name	
Prisoner no.	DOB
SID	

**THE COURT FINDS:**

1. The defendant owes a balance of \$ \_\_\_\_\_ , **not including restitution**, which is collected by the Department of Corrections in accordance with MCL 791.220h, for the obligation ordered in the judgment of sentence or other order dated \_\_\_\_\_ . (A copy of the judgment of sentence or order is attached.)

**IT IS ORDERED:**

2. For payment toward the obligation, the Department of Corrections shall collect 50 percent of all funds received by the defendant over \$50.00 each month.
3. If the amount withheld at any one time is \$100.00 or less, the Department of Corrections shall continue collecting funds from the defendant's prisoner account until the sum of the amounts collected exceeds \$100.00, at which time the Department of Corrections shall remit that amount to this court to  the above address.  the following address:
4. Withdrawal from the defendant's prisoner account and remittance to this court shall continue until the obligation is paid in full. If the defendant transfers to a facility at which an institutional account is not maintained, or if the defendant is paroled, discharged, or dies, any withheld funds shall be remitted to this court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature