

Collection Program for Family Division

Sheila Parkman
Collection & Reimbursement Supervisor

9th Circuit Court – Family Division
1400 Gull Road
Kalamazoo, MI 49048

(269) 385-6051

srpark@kalcounty.com

Finance Department Function

- The family division finance department is responsible for making recommendations to judicial officers regarding parent reimbursement for costs of care and services for their children and determining parent ability to reimburse for these costs.
- For parents, care and fees may include placement and program services, attorney, tether, probation, and urinalysis fees. For juveniles, fees include crime victim rights assessment, minimum state cost, and restitution . Once a court order has been entered, this department is responsible for collection of ordered reimbursement (MCL 712A.18).

Financial Statement

- Parents/guardians/custodians are referred to the finance department to schedule a financial appointment to disclose their household financial information after the initial court involvement.
- If making appointments at the finance department window, a worksheet is given to parents to be completed prior to the appointment. If a financial statement is not available, a full cost order may be entered.

STATE OF MICHIGAN 9 TH CIRCUIT COURT KALAMAZOO COUNTY	NOTICE OF COURT COSTS	CASE NO. / CI NO.
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Court Address
FAMILY DIVISION - 1400 GULL ROAD, KALAMAZOO, MI 49048

Court Telephone No.
(269) 385-6000

TO: Parent(s) Guardian Custodian

DATE:

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Minor's Name and Date of Birth:

You will be charged full court costs based on your child's involvement with the court.

Court costs may include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Counseling • Daily fee for probationary services • Drug testing • Electronic monitoring | <ul style="list-style-type: none"> • Attorney fees • Out-of-home placement costs • Restitution |
|--|---|

If you cannot afford these costs, please schedule an appointment with the Child Care Fund Specialist before disposition (next hearing).

To schedule an appointment with the Child Care Fund Specialist /Financial Officer, call 269-385-6051. During the appointment you will need to complete the financial statement. Please bring the following information to the appointment:

- Pay stubs
- Proof of public assistance or Social Security benefits
- List of bank account balances
- Last year's tax return
- A list of what you own (worth over \$500)
- List of what you owe (mortgage payments, auto loans, etc)
- Other monthly payments you make (rent, utilities, support payments, loans, payroll garnishments, etc.)

Please be prepared to work out a payment plan that may also include a voluntary wage assignment (payroll deduction).

Dated: _____

Sheila Parkman, Child Care Fund Specialist

Court Staff Initials _____ Date _____

KALAMAZOO COUNTY 9th JUDICIAL CIRCUIT COURT - FAMILY DIVISION
Finance Department Information and Worksheet

RE:

An appointment has been scheduled for you to meet with the Financial Officer at Kalamazoo County Family Division of Circuit Court, on _____ at _____ a.m./p.m. This appointment will help determine whether or not you are able to pay for some or all of the costs resulting from your child's involvement with the court. Costs may include placement, attorney fees, urinalysis, tether, probation service fees, and/or miscellaneous expenses of care and service for your child.

To make this determination, the court needs verification of **ALL HOUSEHOLD** income and expenses. **THIS INCLUDES ALL MEMBERS** of the household, whether married, roommates, stepparents, etc. Please bring the following to your appointment.

1. Check stubs for the last six weeks of employment or unemployment.
2. Verification of any other sources of income received, as: Social Security, S.S.I., V.A., A.D.C., General Assistance, Food Stamp Benefits, Friend of Court Support.
3. Copies of previous years W-2 forms and/or tax returns may also be requested.
4. A complete list of household expenses:

<u>monthly</u>	rent/mortgage payment _____
<u>monthly</u>	auto #1 payment _____ year, make & model _____
<u>monthly</u>	auto #2 payment _____ year, make & model _____
<u>monthly</u>	laundry if you pay for laundromat and/or dry-cleaning _____
<u>annual</u>	property taxes _____
<u>semi-annual</u>	automobile insurance _____
<u>annual</u>	home owners/renters insurance _____
<u>monthly</u>	life insurance (purchased <u>outside</u> work) _____
<u>monthly</u>	cablevision _____
<u>quarterly</u>	garbage _____
<u>average quarterly</u>	water/sewer _____
<u>average monthly</u>	heat/electric _____ (Call the utility co. For amount)
<u>weekly average</u>	food & personal items _____
<u>weekly average</u>	gas for personal vehicles _____
<u>monthly</u>	phone-basic service only _____ (Do not include long distance or extra calls.) Do you have: call waiting _____ caller ID _____ call forwarding _____
	voice mail _____ three way _____ call back _____ line backer _____ two lines _____
	other services _____

On a separate sheet, list your creditors. Include the company name, account balance and scheduled payment, e.g., VISA \$500 owing, \$25 per month payment; 1st of America, \$1000 owing, \$75 per month payment.

On a separate sheet, list any other debts and/or expenses, even if unable to pay at the current time, as medical bills, rent to own, allowances, school lunches, day care, church, etc.

Do you own property other than the home where you live? If yes, write the current value \$ _____
Give brief description _____

List insurance, mortgage payment & taxes separately. _____

Do you have any savings/investments thru your current or past employers, such as deferred comp., 401K, stock purchase, etc.? If yes, what is the total current value of your account? \$ _____. How much per month do you contribute in dollars \$ _____ or ____% of earnings.

If you have any of the following, please list the current value of each:

IRA \$ _____

IRA \$ _____

Stock, Bonds \$ _____

Savings bonds \$ _____

Any other type of investments? If yes, what is it and what is the current value? _____

If you have savings, list the bank(s) and the balance(s) of your account(s).

_____ \$ _____
_____ \$ _____

If you have more than the two automobiles already recorded (running or not), list the year, make, model and value.

- 1. _____ 3. _____
- 2. _____ 4. _____

If you have any campers, snowmobiles, motorcycles, boats, jet skis, guns, collections, antiques, etc., list the items and values.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

If needed, attach a statement to further explain your financial situation if it is not fully covered on this form.

The number of household members and the type and level of household income and assets will determine IF YOU ARE TO PAY for costs of this case, and if so, the PAYMENT AMOUNT. Expenses do not offset any payment to this court, but are recorded to complete the financial picture of the household. In unusual cases they are used to justify any variance from the standardized scale in use.

Proof of income is required. Bring in phone and utility bills, bank statements, proof of debts or any other information you are reporting, which would be helpful if there are questions about your financial information.

Filling out this form will likely save you time in the interview.

To schedule or reschedule your appointment time or any further questions about the required information, please call 385-6047 to 385-6051.

Thank You!

Financial Information

- The following list of items are required for the financial appointment:
 - Verification of all sources of household income and/or benefits into the household
 - Verification of assets
 - Paystubs
 - Monthly household expenses
 - Installment payments

STATE OF MICHIGAN
9TH CIRCUIT COURT
KALAMAZOO COUNTY

**FINANCIAL STATEMENT
AND RECOMMENDATION**

CASE NO.
CI NO.
JUDGE:
CSWK:

Court Address
FAMILY DIVISION - 1400 GULL ROAD, KALAMAZOO, MI 49048

Court Telephone No.
(269) 385-6000

PLAC: _____ **SEVT:** _____ **DATE:** _____
PREPARER: _____

In the matter of: _____
name(s), DOB

Name	
Address	Telephone No. ()
Soc Sec No.	
Employer's Name, Address, Telephone No.	
Other Dependents:	

Name	
Address	Telephone No. ()
Soc Sec No.	
Employer's Name, Address, Telephone No.	
Other Dependents:	

MONTHLY INCOME		
Income	Gross Earnings	Net Earnings
Father		
Mother		
Soc Sec. Disability		
Soc Sec Pymts _____		
S.S.I		
VA Pension/Support payments for Children		
General Assistance A.D.C. for _____		
Food Stamps		
Unemployment Comp		
Worker's Comp		
Friend of the Court for _____		
Contributions from other members of household		
Other Income		
TOTALS		

MONTHLY EXPENSES	
Expense	Amount
Rent or House Payment	
Automobile Payment	
Automobile Payment	
Gasoline Expense	
Groceries	
Heating Fuel/Electric	
Telephone (base rate)	
Water & Sewer	
Garbage	
Cable	
Insurance: Life	
Home	
Auto	
Medical, Health, Acc.	
Property Taxes	
TOTALS	

In the matter of:

Case No.

ASSETS	Value
Real Estate (description & location)	
Deferred Comp, 401K, etc	
Stocks, Bonds, IRA	
Savings Accounts Bank:	
Other automobiles	
Other (campers, motorcycles, snowmobiles, boats, guns, collections, antiques, hobby, etc)	

ITEMIZED INSTALLMENT		
Name of Person or Company	Balance	Monthly Payment
1.		
2.		
3.		
4.		
5.		
Total Expenses & Installment Payments		

TOTALS	
Monthly Gross	
Monthly Net	
Yearly Gross	
Weekly Net	
Total Income (monthly net)	
Total Expenses (monthly)	
Total available (+ or -)	

Interviewer's comments: _____

Recommendations: _____

I declare that the information has been examined by me, and is true and correct to the best of my knowledge and belief. I further hereby authorize my employer, creditors, and others who have knowledge of my financial circumstances to release relevant information to the 9th Circuit Court Family Division and its representatives for the purpose of aiding the court in determining my ability to reimburse the court for child care cost, urinalysis, attorney fees and any other costs that may be incurred.

Date

Signature

Financial Information (cont.)

In addition, W-2 forms and federal tax returns and schedules may be requested.

Information provided to determine financial liability will be treated confidentially and released only to those persons immediately concerned with reimbursement for costs.

Guidelines for Child Care Assessments

- The appropriate subsidy fee system scale is the guideline used by family division's finance department to determine reimbursement for care and services.
- Gross household income and the number of dependents compute the annual ability and the payments expected. Assets may also be used in establishing an assessment. See subsidy fee system.

Assessment

- Assessment is the amount charged and subsequent payment for care and services. Payment is due as ordered while there is a balance owing the court.
- If the parent is not in agreement with the court-ordered assessment, the parent has the right to request a financial re-hearing before a judge in family division. A motion must be filed or a letter requesting a hearing must be received by the court.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR REIMBURSEMENT	CASE NO. PETITION NO.
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Court address

Court telephone no.

1. In the matter of
(name(s), alias(es), DOB)

2. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

3. _____, of
Name(s) and relationship(s) to minor(s)
_____ has(have) been found to be financially able to reimburse the
Name of minor(s)
court for costs incurred.

IT IS ORDERED:

4. Costs and expenses are assessed as follows:

- a. Court appointed attorney in the amount billed by attorney and approved by court; current charges \$ _____ .
- b. Minor's care, clothing, medical, dental, optical, and other needs that the court determines necessary,
in the amount of: \$ _____ per _____, beginning _____ .
Date
\$ _____ per _____, beginning _____ .
Date
- c. Court services of: \$ _____ per _____, beginning _____ .
Date
- d. Other:

5. Reimbursement for the above charges shall be as follows:

_____ shall reimburse
Name(s)
the court at the rate of \$ _____ per _____, beginning _____ .
Date
continuing until the balance is paid in full. Payments are payable to _____
Name and address
_____ .

Please include the case number with payment.

6. Payments shall be applied against assessed charges as follows:

Date

Judge

Do not write below this line - For court use only

Other Benefits

- Governmental benefits must be turned over to the court to apply toward the child's cost of care. Family division of circuit court, Family Independence Agency, or the state of Michigan may apply to the federal government for a change of payee status to receive benefits directly.
- If child support payments are being made for a court ward and the child is placed outside of the family's home by family division and upon notice to the Friend of the Court, the child support payments will be redirected to finance to apply toward the placement costs.

Indigence

- In cases of hardship and/or indigence, the court has a policy in place for review of financial situations which could result in a reduction of overall charges. See poverty guidelines.

9th CIRCUIT COURT

Determination of Indigence

A person charged with a felony, violation of probation, or juvenile offense who earns *(or in the case of a juvenile whose parents earn)* less than 150 percent of the Federal Poverty Guidelines is entitled to legal representation under the definition of an indigent person unless there is evidence that the person has other resources that might reasonably be used to employ a lawyer without undue hardship on the person or his or her dependants.

BASED ON THE 2008 FEDERAL POVERTY GUIDELINES

Persons in the Family or Household	48 Contiguous States and D.C	150% Yearly	150% Monthly	150% Bi-weekly	150% Weekly
1	\$10,400	\$15,600	\$1300	\$600	\$300
2	\$14,000	\$21,000	\$1750	\$807	\$403
3	\$17,600	\$26,400	\$2200	\$1015	\$507
4	\$21,200	\$31,800	\$2650	\$1223	\$611
5	\$24,800	\$37,200	\$3100	\$1430	\$715
6	\$28,400	\$42,600	\$3550	\$1638	\$819
7	\$32,000	\$48,000	\$4000	\$1846	\$923
8	\$35,600	\$53,400	\$4450	\$2053	\$1026
For each additional person, add	\$3,600	\$5,400	\$450	\$207	\$103

Approved at CCMT 4/07/2008
Revised 5/13/2008

Fees – Delinquent & Neglect

- The ability to pay must be determined prior to assessing all fees in family division.
- The ability to pay can dictate and may allow adjustments to the fees ordered.

Fees – Delinquency Cases

Juvenile Fees

- Crime victim \$20 per dispositional order
- Minimum state cost*
 - \$40 per simple misdemeanor
 - \$45 per serious specified misdemeanor
 - \$60 per felony
- *See JC 52 - allows the juvenile and/or parent to request the court to waive these fees due to financial hardship.
- Restitution as ordered

Parent Fees

- \$72 per hour for court-appointed attorney fees
- \$1.00 per day for probation fees
- \$9.00 per urinalysis test
- \$7.00 per day for tether fees
- Payment for out-of-home costs is figured on a household income basis, unless ordered full cost for failure to meet with finance.

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

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">MOTION AND ORDER FOR MODIFICATION OR CANCELLATION OF MINIMUM STATE COSTS OWED</p>	<p>CASE NO. PETITION NO.</p>
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Court address

Court telephone no.

1. In the matter of
name(s), alias(es), DOB

MOTION

2. I have been ordered to pay minimum state costs in the amount of \$ _____ and am not in willful default of repayment of those costs.

3. Payment of the amount due as previously ordered is imposing a manifest hardship for the following reasons:

4. I request that the court cancel the payment of the unpaid portion.

I declare that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of juvenile Date Address

Name (type or print) City, state, and zip Telephone no.

ORDER

Date of Hearing: _____ Judge/Referee: _____ Bar no.

5. The court finds that the prior order for minimum state costs imposes the following hardship(s): _____

IT IS ORDERED:

6. The method of payment is modified as follows: _____

7. The obligation to pay the minimum state costs is cancelled as to the amount of \$ _____ .

8. The motion is denied.

Date

Judge

Do not write below this line - For court use only

Fees – Neglect Cases

- 100% of the cost for the parent's and child(ren)'s attorney if court-appointed.
- Payment for out-of-home costs are figured on a household income basis. Full costs can be ordered for failure to meet with finance.
- If the parents are not married, the rates are billed 100% for each parent's attorney and 50% of the child(ren)'s attorney to each parent.

Procedures

Payments

- The court order will specify the date that payments are to begin. Payments received near the end of a month will usually be reflected on the billing statement sent one month later.
- Payment can be made in person or mailed to the family division finance office. We accept payment forms of cash, checks, credit cards, or money orders.

Procedures (cont.)

Monthly Statement

A statement of billing will be sent on a monthly basis showing balances due in any care/service category. The top portion of the billing statement has the account identification and it should be returned with the payment to apply appropriately.

Non-Payment

Failure to pay or failure to pay as ordered could result in a show cause hearing with the possibility of payment in full, wage assignment, and/or incarceration. We are currently working with the state of Michigan to put the “tax intercept” into effect.

Statements

A statement of billing includes a list of the accounts for various service/care areas for which the parties are being billed and balances due for each.

- If reimbursements are made each month on a regular basis, as ordered, the parties will receive statement #1.
- If reimbursements are not made in approximately four weeks between statements, the parties will receive statement #2 informing them that the account is past due.

Statements (cont.)

- If reimbursements are not made prior to accounts being updated and prepared for the next billing, statement #3 is sent with a letter indicating the options available in order to avoid contempt of court and show cause hearings. A voluntary wage assignment is included.
- Statement #4 is sent the following month if statement #3 has been disregarded. An approximate month elapses to allow payments before scheduling a show cause hearing.

02-1

**9th Circuit Court
Gull Road Courthouse
1400 Gull Road
Kalamazoo MI 49048**

STATEMENT

STATEMENT
DATE

09/16/08

RE:

PLEASE DETACH AND RETURN THIS STUB WITH REMITTANCE AMOUNT REMITTED \$ _____

Your account has been updated; receipts have been posted thru statement date. Any additional charges or receipts will appear on your next statement.

RE:

ACCOUNT	ORDERED AMT	
PAR01 CHILD CARE	50.00	4,432.83
	ACCOUNT BALANCE	4,432.83

Please make your check or money order payable to
Kalamazoo County Circuit Court-Family Division

9th Circuit Court-Gull Road Courthouse

00-2

9th Circuit Court
Gull Road Courthouse
1400 Gull Road
Kalamazoo MI 49048

STATEMENT

PAST DUE - PLEASE REMIT

STATEMENT
DATE

09/16/08

RE:

PLEASE DETACH AND RETURN THIS STUB WITH REMITTANCE AMOUNT REMITTED \$ _____

~~STATE BALANCE~~

Your account has been updated; receipts have been posted thru statement date. Any additional charges or receipts will appear on your next statement.

RE:

ACCOUNT	ORDERED AMT	
RST01 RESTITUTION	5,240.88	3,401.33
	ACCOUNT BALANCE	3,401.33

Your account is now 30 days past due. IMMEDIATE Payment is necessary
Please make checks or money orders payable to
KALAMAZOO COUNTY CIRCUIT COURT-FAMILY DIVISION
Questions? Call Finance Department at 385-6047

9th Circuit Court-Gull Road Courthouse

9th Circuit Court
Gull Road Courthouse
1400 Gull Road
Kalamazoo MI 49048

STATEMENT

PAST DUE - PLEASE REMIT

STATEMENT
DATE

09/16/08

RE:

PLEASE DETACH AND RETURN THIS STUB WITH REMITTANCE AMOUNT REMITTED \$ _____

DESCRIPTION	BALANCE
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Your account has been updated; receipts have been posted thru statement date. Any additional charges or receipts will appear on your next statement.

ACCOUNT	ORDERED AMT	
RST RESTITUTION	21,570.13	22,389.36
	ACCOUNT BALANCE	22,389.36

YOUR ACCOUNT IS DELINQUENT! Complete the enclosed voluntary wage assignment to avoid further action. Failure to pay will result in the scheduling of a Show Cause hearing. Questions? Call Finance Department at 385-6047

9th Circuit Court-Gull Road Courthouse

STATE OF MICHIGAN

DOUGLAS W. SLADE
COURT ADMINISTRATOR
PHONE: 269-383-8928

DEVONA I. LANGE
ADMINISTRATOR OF
COURT SERVICES
PHONE: 269-384-8253

CONSTANCE L. LAINE
ADMINISTRATOR OF
FAMILY SERVICES
PHONE: 269-385-6039



NINTH JUDICIAL CIRCUIT COURT
GULL ROAD COURTHOUSE
1400 GULL ROAD
KALAMAZOO, MICHIGAN 49048
269-385-6000

HON. J. RICHARDSON JOHNSON, CHIEF JUDGE

SUSAN M. SAYLES
ADMINISTRATOR OF
FINANCE SERVICES
PHONE: 269-383-6415

ROLAND C. FANCHER
FRIEND OF THE COURT
PHONE: 269-384-8200

FRANK E. WEICHLEIN
ADMINISTRATOR OF
JUVENILE HOME
PHONE: 269-385-8550

RUTH A. GRUIZENGA
ADMINISTRATOR OF
RECORDS SERVICES,
CHIEF COURT CLERK
PHONE: 269-384-8003

October 1, 2008

«FirstName»«LastName»
«Address1»
«city»«State»
«PostalCode»

Dear Parent(s):

A current review of your account at time of billing, reveals that payments have not been made as ordered by this Court. It is important that you act now to avoid contempt of Court and Show Cause proceedings.

You may possibly avoid such proceedings by selecting one of the following options:

- 1) Pay the entire amount shown as the balance on the enclosed statement.
- 2) Sign the enclosed Request and Order of Assignment of Wages form where indicated (by the X) and return to the Court's Finance Office. Also, please print your employer's business name and address on the slip of paper attached to the Wage Assignment form.
- 3) Immediately telephone the Court's Finance Office at 385-6047 to discuss your situation and possible arrangements to clear up arrearages on this account.

Please indicate your willingness to follow the Court's order today. Take one of the above actions within the next 30 days, or your account will be prepared immediately for Show Cause proceedings for contempt of Court.

Any Questions regarding your account should be directed to the Court's Finance Office by phoning 385-6047.

Sincerely,

Sheila Parkman
Collections and Reimbursement Supervisor

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR ASSIGNMENT OF WAGES	CASE NO. PETITION NO.
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Court address

Court telephone no.

1. In the matter of
(name(s), alias(es), DOB)

2. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

3. On _____ this court entered an order directing _____
Date Name
to reimburse the court for costs assessed in the above matter.

4. The above person has failed to comply with the order of reimbursement and is in contempt of court.

IT IS ORDERED:

5. _____ , _____
Name Address

employer, shall withhold from the earnings due the person the amount of \$ _____ per week, effective one week after service upon the employer of a true copy of this order, and shall forward the withholding to:

Name Address

6. The employer shall not use the assignment as a basis, in whole or in part, for the discharge of the employee or for any other disciplinary action against the employee.

7. Your compliance with this order is required by law.

8. This order shall remain in full force and effect until further order of the court.

Date

Judge

Do not write below this line - For court use only

STATE OF MICHIGAN 9TH JUDICIAL CIRCUIT COURT FAMILY DIVISION COUNTY OF KALAMAZOO	ORDER CANCELLING WAGE ASSIGNMENT	FILE NO: CI NO :
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1. In the matter of
(name(s), alias(es) DOB
2. Date of hearing: _____ Judge Stephen D Gorsalitz Bar No: P26933

THE COURT FINDS:

3. On this Court entered an order directing to withhold \$ from the wages of to reimburse the Court for costs assessed in the above matter.
4. The person responsible for the care of the minor has fulfilled all reimbursement requirements and the court has received full payment.

IT IS ORDERED:

5. Assignment of wages of is cancelled.

Date _____ Judge _____
Stephen D Gorsalitz

Any overpayment of account received by this Court will be remitted to .

Employer Address:

02-4

9th Circuit Court
Gull Road Courthouse
1400 Gull Road
Kalamazoo MI 49048

STATEMENT

PAST DUE - PLEASE REMIT

STATEMENT
DATE

09/16/08

RE:

PLEASE DETACH AND RETURN THIS STUB WITH REMITTANCE AMOUNT REMITTED \$ _____

DESCRIPTION

We did not have a response from you regarding your past due account. You will be notified soon of the date and time of your Show Cause hearing.

RE:

ACCOUNT		ORDERED AMT	
ATD01	ATTORNEY FEE-DELINQUENT	30.00	156.00
PAR01	CHILD CARE		104.52
SCC01	SERVICE FEE CHILD CARE		92.00
	ACCOUNT BALANCE		352.52

Payment in full could result in cancellation of your Show Cause. Questions? Call Finance 385-6047

9th Circuit Court-Gull Road Courthouse

Show Cause Process

After 90 days with no payment, a show cause notice is noted on the billing statement.

Possible disposition orders:

- 1) Wage assignment if payment plans are requested.
- 2) Payment in full due by date of hearing or date set by the court.
- 3) Bench warrants if party fails to appear.

Show Cause Process (cont.)

- Restitution show cause hearings are generated through the prosecuting attorney's office.
- If payment arrangements are made prior to the hearing, then the hearing will be adjourned or canceled.
- All show cause hearings are set for once a month.

PROOF OF SERVICE

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE

<input type="checkbox"/> OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required)	OR	<input type="checkbox"/> AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)
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- I certify that on this date a copy of the motion and order to show cause was sent by ordinary mail on:
 I personally served a copy of the motion and order to show cause on:

Name(s)	Complete address(es) of service	Day, date, time

- I have personally attempted to serve the motion and order to show cause on the following person(s) and have been unable to complete service.

Name(s)	Complete address(es) of service	Day, date, time

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature _____
 Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of this motion and order to show cause on _____
Day, date, time
 on behalf of _____.

Signature _____

for use by court clerk only when motion is initiated by the court

CERTIFICATE OF MAILING

I certify that on this date a copy of this notice was served upon the party ordered to appear by ordinary mail at his/her last known address.

Date

Deputy clerk

Enforcement

9th Circuit Court tools consist of:

- Show cause hearings – monthly
- Wage assignments
- Bench warrants
- Early discharge from probation for payment of fees in full

Results

- Currently, we have approximately 300 cases that are ordered to pay.
- About 50% of those cases are paying on a regular basis.
- We have 75 cases with wage assignments in place, and we collect from at least 75%.
- Although the collection rate is not high, our compliance rate remains steady.

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, 37.5% state revenue

Note: If payment collected through MiCSES, percentages are 50/50 between county and state.

- **Title IV-E Ward**

- 100% state expense

- 25% county collection fee, 75% state revenue