

**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
<b>Commenced Collections Program</b>					
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

<b>DEFENDANT</b>				
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: _____	_____
_____	_____
_____	_____
<b>Total Monthly Household Income</b> \$ _____	<b>Total Monthly Household Expenses</b> \$ _____

<b>Detailed Monthly Expenses</b>	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
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_____	_____	_____	_____
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_____	_____	_____	_____
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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

**Admonition Given by Collections Officer  
When Defendant Requests Time to Pay**

You have asked the court to grant a stay on your fines and costs and completed an Affidavit and Defendant's Financial Statement so I can determine if you have a legitimate hardship in paying your fines and costs today.

I have reviewed your paperwork and in a moment we will discuss the possibility of a payment plan. At that time I will need to know the date on which you feel you can pay in full.

If your stay is granted you will be issued an Installment Payment Agreement or be given a date on which you must be paid in full. During this time it is your responsibility to notify the court of any changes in your address or telephone number. Failure to do so could be a violation of your probation or the Court's Order.

Failure to pay as agreed will result in either or all of the following:

1. A warrant being issued for your arrest.
2. A suspension of your driver's license.
3. Additional costs being assessed.
4. Delinquency report to nationwide credit bureau.
5. Execution by garnishment or liens.
6. A contempt of court hearing.

You are hereby on notice that collection of fines and costs, as Court ordered, is strictly enforced in this Court. I am here to help establish a workable payment plan for you. As long as you fulfill your obligations to this Court, the Court will work with you to insure that the fines and costs are paid according to your ability to pay.



**PAYMENT SCHEDULE**  
 ISABELLA COUNTY TRIAL COURT  
 300 NORTH MAIN STREET  
 MT PLEASANT, MI 48858  
 989-772-0911 EXT 298

D  
e  
f  
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t

ESCAMILLA/VIVIANA/  
 1434 GAYLORD ST #O-11  
 MT PLEASANT, MI 48858

Defendant Date of Birth: 2/20/84  
 Total Pay Plan Amount: 500.00  
 Date of Agreement: 6/13/08  
 First Payment Due: 6/30/08  
 Amount: 55.00  
 MONTHLY Payment Plan  
 Payment Amount: 55.00



*In the event that you fail to make the payments as agreed upon, a statutory late fee of 20% will be added to the remaining balance.*

CASE ID	PAY#	DUE DATE	PAY AMT	BALANCE
08-866	1	Monday - June 30, 2008	55.00	445.00
	2	Wednesday - July 30, 2008	55.00	390.00
	3*	Tuesday - September 2, 2008	55.00	335.00
	4	Tuesday - September 30, 2008	55.00	280.00
	5	Thursday - October 30, 2008	55.00	225.00
	6*	Monday - December 1, 2008	55.00	170.00
	7	Tuesday - December 30, 2008	55.00	115.00
	8	Friday - January 30, 2009	55.00	60.00
	9*	Monday - March 2, 2009	55.00	5.00
	10	Monday - March 30, 2009	5.00	.00

\* After PAY# denotes adjustment due to weekend or holiday.

THIS CASE ADDED TO PAYMENT PLAN (Date of Agreement)  
6/13/08 KMS  
MONTHLY \$55 due on 30 starting 6/30/08 KMS

NAME: ESCAMILLA/VIVIANA/ CASE NO: 08-866 PAGE 4

DATE	ACTIONS, JUDGMENTS, CASE NOTES	INITIALS
	Total Payment Plan Amount: \$500.00	KMS
	MISCELLANEOUS ACTION ALL COUNTS	KMS
	PARTIAL PAYMENT DUE 063008 JENNINGS, BARBARA, # 7610	KMS
	***** END OF REGISTER OF ACTIONS ***** 06/13/08 16:13	

Court Crtrm Case No/CTN Type Name/Charge Aty/Off/Pros

FRIDAY, MARCH 07, 2008

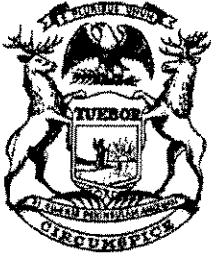
<u>Court Crtrm</u>	<u>Case No/CTN</u>	<u>Type</u>	<u>Name/Charge</u>	<u>Aty/Off/Pros</u>
			<b>AT :</b>	
7600 PART PYT DUE	07-2415 370756016001	OD	D01 ST-PETER/WILLIAM/GREGORY III OWI (INTOX)	A:MARTIN O:REID/TREVOR P:ROMASHKO
7600 PART PYT DUE	07-2417 370700380101	SD	D01 CLARK/DANIEL/MORGAN OWI (INTOX)	O:LAKE/JOHN P:HICKMAN
7600 PART PYT DUE	07-2426 370700392701	SD	D01 MCWHORTER/BRENDALEE/JOSEPHIN OWVI	A:BROMELL O:WOODWARD/BRE P:SCULLY
7600 PART PYT DUE	07-2517 370700397301	SM	D01 VANBLARICUM/TIMOTHY/LOWELL DOMESTIC VIO	O:MERRILL/JEFF P:HICKMAN
7600 PART PYT DUE	07-2550 370700411501	SD	D01 MORRIS/ROBERT/ALAN OWI II-INTOX DWLS	A:CARPENTER O:GRIFFUS/AUTU P:SCULLY
7600 PART PYT DUE	07-2652 370700412601	FY	D01 MAZUREK/SHAUN/DONALD GUN IMP POSS NO INSURANCE	O:RICHARDS/JOS P:KOWALCZYK
7600 PART PYT DUE	07-2695 370700407601	SM	D01 SHERWOOD/KAREN/LEANN MALC USE TX	A:BROMELL O:STANDEN/TIM P:SCULLY
7600 PART PYT DUE	07-700 370700096701	ST	D01 DESJARDINS/LUCAS/SCOTT DWLS 2/+	O:CHRITZ/JOE P:HICKMAN
7600 PART PYT DUE	07D789239A	ST	D01 DENMAN/CHRISTI/MARIE OPER WO LIC	O:SIEGERT/CHRI
7600 PART PYT DUE	07D789239B	SI	D01 DENMAN/CHRISTI/MARIE NO PROOF INS	O:SIEGERT/CHRI
7600 PART PYT DUE	07D790439B	SI	D01 LEWIS/JASON/CHARLES REG/PLATE VL	O:PIETRANTONIO
7600 PART PYT DUE	07D790439C	SI	D01 LEWIS/JASON/CHARLES NO PROOF INS	O:PIETRANTONIO
7600 PAYMENT DUE	071401A	OI	D01 DAY/CONNIE/LYNN 16-20 SPEED	O:HOOKER/ROBER

Court Crtrm Case No/CTN Type Name/Charge Aty/Off/Pros

FRIDAY, MARCH 07, 2008

AT 9:00 a.m.

C2137 HRGB PART PYMT DU	2007-0000000669 370700105801	FH	D01 TINDALL, PRESTON, JEROME CONT SUB DEL/MAN MARIJUANA CS-MAINTAINING DRUG HOUSE POLICE OFFCR-ASSAULT/R&O	A:SHIRLEY P:BURDICK
DEF TX'D TO HAVE PYMT HERE BY 3/7/08				
C2137 HRGB PART PYMT DU	2007-0000001505 370700224201	FH	D01 MAGNAN, MATTHEW, VERNON CONT SUB DEL/MAN MARIJUANA CS-MAINTAINING DRUG HOUSE	A:MOSES P:BURDICK
C2137 HRGB PART PYMT DU	2007-0000001633 370700244501	FH	D01 SMITH, GEORGE, CHARLES WEAPONS-CARRY CONCEALED WEAPONS CARRY W UNLAW INT WEAPONS TASER POSS/SALE	A:MCLELLAN P:HICKMAN
C2137 HRGB PART PYMT DU	2007-0000001918 370700293401	FH	D01 GARZA, DAVID, ANTONIO POLICE OFF-FLEE 4TH DEG POLICE OFFCR-ASSAULT/R&O A OPERATING WHILE INTOXICAT	A:BROMELL P:KOWALCZYK
C2137 HRGB PART PYMT DU	2007-0000001925 370700295101	FH	D01 WARD, JOSEPH, KEVIN CREDIT CARD POSSESSION A B&E VEH PROP LESS \$200 STOL PROP-R & C LESS \$200 ALCOHOL-P/C/P BY MINOR	A:FISHER P:KRANZ
C2137 HRGB PAYMENT DUE	2007-0000002385 370700381601	FH	D01 MEYER, REBECCA, ANNE CNTRL SUB POSSESS <25 GRM CNTR SUB PSS MARIJUANA	A:ALECK P:KOWALCZYK



ISABELLA COUNTY TRIAL COURT  
Collections Division  
300 NORTH MAIN STREET  
MT. PLEASANT, MI 48858  
(989) 772-0911 EXT 298

\*\*\*\*\* OVERDUE PAYMENT NOTICE \*\*\*\*\*

6/12/08

103 LETTER

Dear

A WARRANT HAS BEEN ISSUED FOR YOUR ARREST. You have not complied with the terms of the Installment Payment Agreement entered into with this Court. To avoid the embarrassment and additional costs of being arrested, you must pay your balance immediately. Any delay in payment will also result in additional costs.

Overdue case(s) and amount due is listed below.

0739325                      100.00

**YOUR TOTAL BALANCE DUE IS:**

**\$100.00**

\*\*Questions may be answered by calling extension 298\*\*