Approved, SCAO				Original - Court 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - Friend of the court
STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY (DOMESTIC RELATION				CASE NO.
Court address				Court telephone no.
Plaintiff's name, address, and telephone no.		v	Defendant's name, add	lress, and telephone no.
Attorney:			Attorney:	
то:				
			(Name and a	address of payer.)
			(Name and a bond.)	ddress of surety or other depositor posting
Face amount or value of bond	Amount deposited	TYPE OF BOND:		
\$	\$	Cash	Surety	
as ordered. IT IS ORD FOR: Unit of gove	ERED: Judgment i			28 days. The payer failed to surrender the payer's bond as follows.
Full face amount/val Costs Total amount of judg	ue of bond	. \$. \$		e of this judgment must be paid by
Less deposit Balance of judgme	ent	. \$. \$	If the balan	ce is not paid by this date, any allowed f collection will be pursued.
2. Contempt/show-cause				
Date		Ji	udge	Bar no.
		CERTIFICATE	OF MAILING	

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

Date

Clerk of the court/Deputy