

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	ORDER TO REMIT PRISONER FUNDS FOR CHILD SUPPORT (Part 1)	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

RE:

Prisoner name

Prisoner ID

Date of birth

IT IS ORDERED:

1. For payment toward child-support obligations and other associated costs and fees, the Department of Corrections shall collect 50% of all funds received by the prisoner over \$50.00 each month.
2. If the amount withheld at any one time is \$10.00 or less, the Department of Corrections shall continue collecting funds from the prisoner's trust account until the sum of the amounts collected exceeds \$10.00, at which time the Department of Corrections shall remit that amount to the Michigan State Disbursement Unit (MiSDU) at PO Box 30351, Lansing, MI 48909. Payments must identify each prisoner by name, social security number, case number(s), and, if combined with other prisoner's payments, the amount attributable to each.
3. Withdrawal from the prisoner's trust account and remittance shall continue until further notice. If the prisoner transfers to a facility at which a prisoner's trust account is not maintained, or if the prisoner is paroled, discharged, or dies, the Department of Corrections shall remit any withheld funds to MiSDU and notify the friend of the court office accordingly.
4. The total of all funds withheld under this order, and any subsequent order to remit funds for child support owed by this prisoner, shall not exceed 50% of all funds received by the prisoner over \$50.00 each month. The Michigan Title IV-D Program shall allocate and distribute the withdrawn payments between all the prisoner's child-support obligations and fees in the same manner as other withheld income.
5. Any questions or correspondence related to this matter may be directed to the _____
County friend of the court office at:

Judge signature and date

CERTIFICATE OF MAILING

I served copies of this order on the Michigan Department of Corrections court order department and the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Send a copy of this order by first-class mail or e-mail to:

Signature

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ATTN: Court Order Department
Michigan Department of Corrections
Grandview Plaza
206 E. Michigan Avenue
PO Box 30003
Lansing, MI 48909
MDOC-CourtOrders@michigan.gov

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STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	ORDER TO REMIT PRISONER FUNDS FOR CHILD SUPPORT (Part 2)	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

RE:

Prisoner name

Prisoner ID

Date of birth

IT IS ORDERED:

1. For payment toward child-support obligations and other associated costs and fees, the Department of Corrections shall collect 50% of all funds received by the prisoner over \$50.00 each month.
2. If the amount withheld at any one time is \$10.00 or less, the Department of Corrections shall continue collecting funds from the prisoner's trust account until the sum of the amounts collected exceeds \$10.00, at which time the Department of Corrections shall remit that amount to the Michigan State Disbursement Unit (MiSDU) at PO Box 30351, Lansing, MI 48909. Payments must identify each prisoner by name, social security number, case number(s), and, if combined with other prisoner's payments, the amount attributable to each.
3. Withdrawal from the prisoner's trust account and remittance shall continue until further notice. If the prisoner transfers to a facility at which a prisoner's trust account is not maintained, or if the prisoner is paroled, discharged, or dies, the Department of Corrections shall remit any withheld funds to MiSDU and notify the friend of the court office accordingly.
4. The total of all funds withheld under this order, and any subsequent order to remit funds for child support owed by this prisoner, shall not exceed 50% of all funds received by the prisoner over \$50.00 each month. The Michigan Title IV-D Program shall allocate and distribute the withdrawn payments between all the prisoner's child-support obligations and fees in the same manner as other withheld income.
5. Any questions or correspondence related to this matter may be directed to the _____
County friend of the court office at:

Judge signature and date

CERTIFICATE OF MAILING

I served copies of this order on the Michigan Department of Corrections court order department and the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

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Signature

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ATTN: Court Order Department
Michigan Department of Corrections
Grandview Plaza
206 E. Michigan Avenue
PO Box 30003
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