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| STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT | ORDER TO REMIT PRISONER FUNDS FOR CHILD SUPPORT | CASE NO. |
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Court address Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

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| RE: | Prisoner name | Prisoner ID | DOB |
|------------|---------------|-------------|-----|

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 The Michigan Title IV-D Program shall allocate and distribute the withdrawn payments between all the prisoner's child-support obligations and fees in the same manner as other withheld income.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:

Date

Judge Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served copies of this order on the Michigan Department of Corrections court order department and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature

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

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| [ATTN: Court Order Department Michigan Department of Corrections Jackson Business Office 4000 Cooper Street Jackson, MI 49201 L MDOC-CourtOrders@michigan.gov |] |
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