STATE OF MICHIGAN

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Plaintill's name, address, and telephone no. Plaintill's name, address, and telephone no.		JUDICIAL DISTRICT JUDICIAL CIRCUIT		RISONER SUPPORT art 1)			
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 shard 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 The Michigan Title IV-D Program shall allocate and distribute the withdrawn payments between all the prisoner's child-support obligations and fees in the same manner as other withheld income. 5.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: CERTIFICATE OF MAILING I served copies of this order on the Michigan Department of Corrections court order department and the parties or the attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penaltie of perjury that this certificate of mailing has been examined by me and that its content	Court addr	ess				Court to	elephone no.
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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 Signature Send a copy of this order by first-class mail or e-mail to: ATTN: Court Order Department Michigan Department of Corrections Grandview Plaza 206 E. Michigan Avenue PO Box 30003 Lansing, MI 48909 MDOC-CourtOrders@michigan.gov L	I served	copies of this order on the N				epartment and the part	ies or their
Send a copy of this order by first-class mail or e-mail to: ATTN: Court Order Department Michigan Department of Corrections Grandview Plaza 206 E. Michigan Avenue PO Box 30003 Lansing, MI 48909 MDOC-CourtOrders@michigan.gov L	of perjury	y that this certificate of mailing					
ATTN: Court Order Department Michigan Department of Corrections Grandview Plaza 206 E. Michigan Avenue PO Box 30003 Lansing, MI 48909 MDOC-CourtOrders@michigan.gov				Signature			
Approved SCAO Distribute form to: Friend of the court (Part 1)			∋-mail to:	L	Michigan Depa Grandview Pla: 206 E. Michiga PO Box 30003 Lansing, MI 48 MDOC-CourtO	artment of Corrections za in Avenue 909 orders@michigan.gov	L

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Friend of the court (Part 1)

Distribute form to: Court (Part 2) MDOC court order department (Part 1) Plaintiff (Part 1) Defendant (Part 1)

STATE OF MICHIGAN

CASE	NO.	and	JI	UD	GE
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	JUDICIAL DISTRICT JUDICIAL CIRCUIT			PPORT			
Court addr	ess					Court te	elephone no.
Plaintiff's na	ame, address, and telephone no.		v	efendant's name, address, a	and teleph	none no.	
RE:	Prisoner name		P	risoner ID		Date of birth	ELMI ES
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attorneys of perjury	copies of this order on the Ns by first-class mail addressed that this certificate of mailing ge, and belief.	l to their last-known add	of Co dress	rrections court order dises as defined in MCR	3.203. I	declare under the	e penalties
Date Send a cop	by of this order by first-class mail or e	e-mail to:	Signa	T ATTN: Court C	artment iza an Aven 3 3909	of Corrections ue	J

Approved, SCAO Form FOC 112, Rev. 5/21 Page 1 of 1

Friend of the court (Part 1)

Distribute form to:
Court (Part 2)
MDOC court order department (Part 1)
Plaintiff (Part 1)
Defendant (Part 1)