

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER FOR REIMBURSEMENT</b>	<b>CASE NO.</b>  <b>PETITION NO.</b>  <b>JUDGE</b>
Court address _____		Court telephone no. _____

In the matter of \_\_\_\_\_  
 First and last name(s), alias(es)

**THE COURT FINDS:**

1. \_\_\_\_\_, of  
 Name(s) and relationship(s) to minor(s) \_\_\_\_\_  
 \_\_\_\_\_ has(have) been found to be financially able to reimburse  
 Name of minor(s) \_\_\_\_\_  
 the court for costs incurred.

**IT IS ORDERED:**

2. Costs and expenses are assessed as follows:
- ☐ a. In a child protective proceeding, appointed attorney in the amount billed by attorney and approved by the court;  
 current charges \$\_\_\_\_\_.
- ☐ b. In a child protective proceeding, guardian ad litem costs in the amount billed and approved by the court, current  
 charges \$\_\_\_\_\_.
- ☐ c. In a designated juvenile proceeding under MCR 3.956(A), appointed attorney; current charges \$\_\_\_\_\_.

3. Reimbursement for the above charges shall be as follows:

\_\_\_\_\_  
 Name(s) \_\_\_\_\_ Date \_\_\_\_\_ shall reimburse  
 the court at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_, beginning \_\_\_\_\_  
 continuing until the balance is paid in full. Payments are payable to \_\_\_\_\_  
 Name and address \_\_\_\_\_

**\*Please include the case number with payment.**

4. Payments shall be applied against assessed charges as follows:

\_\_\_\_\_  
 Judge signature and date