

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR REIMBURSEMENT	CASE NO. PETITION NO.
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Court address

Court telephone no.

1. In the matter of
(name(s), alias(es), DOB)

2. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

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

IT IS ORDERED:

4. Costs and expenses are assessed as follows:

- a. Court appointed attorney in the amount billed by attorney and approved by court; current charges \$ _____ .
- b. Minor's care, clothing, medical, dental, optical, and other needs that the court determines necessary,
in the amount of: \$ _____ per _____, beginning _____ .
Date
\$ _____ per _____, beginning _____ .
Date
- c. Court services of: \$ _____ per _____, beginning _____ .
Date
- d. Other:

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

_____ shall reimburse
Name(s) Date
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.**

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

Date

Judge

Do not write below this line - For court use only