

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SATISFACTION OF FINANCIAL OBLIGATION	CASE NO.
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Court address Court telephone no.

THE PEOPLE OF <input type="checkbox"/>	<input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____
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v

Prisoner's name		
Prisoner no.	SID	DOB
Institution name and address		

On _____ this court entered an order to remit prisoner funds for payment toward
Date
 an obligation ordered in a judgment of sentence or other order.

That financial obligation has been paid in full to the court as of _____
Date

Date

Court clerk/Deputy court clerk

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this satisfaction of financial obligation on the prisoner at the institution/facility by first-class mail addressed to its last-known address as defined by MCR 2.107(C)(3).

Date

Signature

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

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