

Court Address: 421 MADISON AVENUE, DETROIT, MI 48226

Court Tel.: 313-965-2213

MICHIGAN COURT RULE 1.110 STATES: "FINES, COSTS, AND OTHER FINANCIAL OBLIGATIONS IMPOSED BY THE COURT MUST BE PAID AT THE TIME OF ASSESSMENT, EXCEPT WHERE THE COURT ALLOWS OTHERWISE, FOR GOOD CAUSE SHOWN."

**ALL ASSESSED FINES, COSTS, AND OTHER FINANCIAL OBLIGATIONS ARE DUE IN FULL AT TIME OF SENTENCING UNLESS DEFENDANT IS APPROVED FOR AN INSTALLMENT PAYMENT AGREEMENT.**

PERSONAL INFORMATION					
Name (last, first, middle)				Date of Birth	
Social Security Number		Driver's License Number		State	
Defendant's Address			City		Zip
Home Phone No.	Cell Phone No.	Work Phone No.	Email		
Employer			Employer Phone No.		Length of Employment
Employer Address (City, State, Zip)					
If unemployed, source of support    Cash Assistance    Food Assistance    SSI    AFDC    Other					
ASSETS					
Vehicle #1/ Year		Make/Model		Present Value	
Other property such as real estate, boats, snowmobiles (describe)				Present Value	
Bank/Financial Account No.		Name and Address of Financial Institution		Present Balance	

MONTHLY INCOME		MONTHLY EXPENSE	
Gross Monthly Salary/Wages (self)	\$	Mortgage/Rent	\$
Gross Monthly Salary/Wages (spouse)	\$	Utilities	\$
Unemployment Benefits	\$	Vehicle Payments	\$
Social Security	\$	Insurance (Vehicle/Health/Life)	\$
Retirement/Pension Benefits	\$	Court Ordered Child Support/Alimony	\$
Child Support	\$	Medical Payments	\$
Alimony/Maintenance	\$	Court Payments	\$
Disability	\$	Other	\$
Veteran's Benefits	\$		
Interest/Dividends	\$		
Other (cash)	\$		
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

I acknowledge that I owe the 36th District Court \$\_\_\_\_\_ for court ordered costs, fines, penalties, and fees for cases listed on the Installment Payment Agreement Payment Schedule. I understand that I may owe fines and costs for cases not listed on the Payment Schedule.

I understand and agree that I am obligated to notify the Court if any changes occur regarding above information during the course of the Installment Payment Agreement.

I authorize the court, the court's funding unit, and their employees or agents to obtain a consumer credit report and other financial information about me from a consumer credit reporting agency or any other entity.

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

I understand and agree to the terms of the Payment Schedule and understand that failure to comply may result in suspension of my driver's license, wage garnishment, State Income Tax intercept, seizure of property, and/or bench warrant.

I have read and understand the terms of the Installment Payment Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date