

STATE OF MICHIGAN 36 TH DISTRICT COURT	36 TH DISTRICT COURT VOLUNTARY WAGE ASSIGNMENT	CASE NO (S):
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Court Address: 421 Madison Avenue, Detroit, MI 48226

Court Telephone (313) 965-2200

VOLUNTARY WAGE ASSIGNMENT

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."

I ACKNOWLEDGE THAT I HAVE COURT ORDERED COSTS, FINES, PENALTIES AND FEES DUE TO THE 36TH DISTRICT COURT IN THE AMOUNT OF \$ _____. I AGREE TO AUTHORIZE MY EMPLOYER TO DEDUCT AND SEND UP TO 15% OF MY DISPOSABLE INCOME TO THE 36TH DISTRICT COURT. THIS DOCUMENT REMAINS IN EFFECT UNTIL THE DEBT HAS BEEN SATISFIED.

I UNDERSTAND AND AGREE THAT I AM OBLIGATED TO NOTIFY THE COURT IF ANY CHANGES OCCUR WITH MY EMPLOYMENT OR FINANCIAL STATUS.

I CERTIFY UNDER THE PENALTY OF PERJURY THAT THIS CONSENT AGREEMENT IS A COMPLETE AND ACCURATE STATEMENT. IF NECESSARY, I WILL PROVIDE SUPPORTING DOCUMENTATION UPON REQUEST.

DEFENDANT INFORMATION				
Full Name	Phone No.	Social Security No.		
Address	City	State	Zip Code	
EMPLOYER INFORMATION				
Employer	Employer Phone No.	Rate of Pay/Number of Hours	Weekly Bi-Weekly Other	
Employer Address	City	State	Zip Code	
PERSONAL REFERENCE				
Name	Phone No.	Relationship		
Address	City	State	Zip Code	
PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY PAY:				
<input type="checkbox"/> 15% of my wages minus taxes and involuntary deductions (healthcare, 401 etc.) until the debt has been satisfied.		<input type="checkbox"/> Please deduct a flat rate in the amount of \$ _____ until the debt has been satisfied.		
<input type="checkbox"/> I understand that the amount selected above will be deducted per pay. <input type="checkbox"/> I must contact 36 th District Court if there is a change in my financial status or I wish to pay the amount in full.				

I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date	Signature
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