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| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | ORDER OF PROBATION (Felony) | CASE NO. |
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| ORI MI- | Court address | Court telephone no. |
|--------------------|----------------------|----------------------------|

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| THE PEOPLE OF _____ <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____ | v | Defendant's name, address, and telephone no. _____ _____ _____ _____ _____ |
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|-----|-----|-----|
| CTN | SID | DOB |
|-----|-----|-----|

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| Probation officer | Term |
| Offense <input type="checkbox"/> Judgment of guilt is deferred under: <input type="checkbox"/> MCL 333.7411; MSA 14.15(7411), Controlled Substance Act <input type="checkbox"/> MCL 750.350a; MSA 25.582(1), Parental Kidnapping Act <input type="checkbox"/> MCL 762.14; MSA 28.853, Youthful Trainee Status | |

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and the defendant shall:

- | | |
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| <ol style="list-style-type: none"> 1. Not violate any criminal law of any unit of government. 2. Not leave the state without the consent of this court. 3. Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing, as required by the probation officer. 4. Notify the probation officer immediately of any change of address or employment status. | <ol style="list-style-type: none"> 5. Pay the following to the court: Fine \$ _____ Costs \$ _____ Restitution \$ _____ Crime Victim Assessment . \$ 60.00 Other \$ _____ Total \$ _____ |
|--|--|

Total amount due shall be paid in installments of \$ _____ per _____ starting on _____ and paid in full by the due date on the judgment of sentence unless otherwise ordered. Date _____

Fines, costs, and fees not paid within 56 days of the date owed are subject to a 20% late penalty on the amount owed. If a cash bond/bail was personally posted by the defendant, payment toward the total is to first be collected out of that bond/bail and allocated as specified under MCL 775.22.

6. Pay a supervision fee to the Department of Corrections in the amount of \$ _____. The fee is payable immediately. This fee also applies to all delayed sentences. A supervision fee **may not be ordered or collected** for defendants whose judgment of guilt has been deferred under MCL 750.350a.

Total amount due may be paid in installments of \$ _____ per _____ starting on _____ payable to the State of Michigan. Date _____

7. Other: (Use this space for conditions for the protection of 1 or more named persons - also complete the LEIN order on parts 5 and 6 of this form)

Failure to comply with this order may result in a revocation of probation and incarceration.

Date Judge Bar no.

I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

Date Defendant signature

If the judgment of guilt is deferred as stated above, the clerk of the court shall send a photocopy of this order to the Michigan State Police Central Records Division to create a criminal history record as required under MCL 769.16a.

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| THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____ | v | Defendant's name, address, and telephone no. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CTN</td> <td style="width:33%;">SID</td> <td style="width:33%;">DOB</td> </tr> </table> | CTN | SID | DOB |
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Total amount due may be paid in installments of \$ _____ per _____ starting on _____ payable to the State of Michigan. Date

7. Other: (Use this space for conditions for the protection of 1 or more named persons - also complete the LEIN order on Part 2 of this form)

Failure to comply with this order may result in a revocation of probation and incarceration.

Date Judge Bar no.

TO LOCAL LAW ENFORCEMENT: The protective conditions in item 7. and the following identifying information of the defendant must be entered on the LEIN system. The court will notify local law enforcement of any amendments to or revocation of this order.

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|--------|--------|------|-----|---------------|------------|-----------|-------------------------------|
| Height | Weight | Race | Sex | Date of Birth | Hair Color | Eye Color | Other Identifying Information |
|--------|--------|------|-----|---------------|------------|-----------|-------------------------------|

Effective date of conditions in item 7. _____

Expiration date of order _____

Date Judge/Magistrate Bar no.