

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>ORDER FOR REIMBURSEMENT</b>	<b>CASE NO.</b>
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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  
\_\_\_\_\_ has(have) been found to be financially able to reimburse the  
Name of minor  
court for costs incurred.

**IT IS ORDERED:**

4. Costs and expenses are assessed as follows:

- a. Court appointed counsel in the amount of \$ \_\_\_\_\_ .
- b. Minor's care, clothing, medical, dental, optical, and other needs which 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)  
the court at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_, beginning \_\_\_\_\_ .  
Date  
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