STATE OF MICHIGAN

CASE	NO. a	nd J	UDGI
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COUNTY	CASH PERFORMANCE BOND (Civil Contempt)			
Court address		Court telephone no.		
Plaintiff	V Defendant			
Date of arrest/appearance Arresting	g agency and address	Agency file no.		
RECEIPT———				
	(the payer of support) \$ payer shall appear for hearing at a date not			
following address:	ne payer for receipt of notice			
proceedings related to the payer's condition and submit to the jurisdiction of deposited shall be transmitted to the to the recipient of support and of cost court determines that the payer owes or owes costs to the court, the cash court or to the state disbursement un By depositing the cash performance.	er to the contempt proceeding and, if the parameter to the court and fails to abide by an order of friend of the court or to the state disbursents to the court. If the payer appears at the time an arrearage under the support order that is performance bond deposited shall be transit for payment of the arrearage to the recipiese bond with the officer and accepting this the cash performance bond following its	time and place indicated in the court's the court, the cash performance bond nent unit for payment of the arrearage me and place indicated above and the is the basis of the contempt proceeding mitted to the office of the friend of the ent of support and of costs to the court. It is receipt, the recipient of this receipt		
Date	Signature of depositor of m	oney		
Officer	Department	Department receipt number		

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TERMS AND CONDITIONS —				
To secure my release from custody until the court hearing, I promise:				
1. I will personally appear at				
on Date Time	or as otherwise directed by the court.			
	urt in writing of any change in my address or telephone number.			
I understand that at the hearing the court will determine how to be applied to my support account and how much, if any	w much of the bond money will be paid to the friend of the court , will be returned.			
I understand that if I fail to appear the court may issue a bench warrant for my arrest and the bond money will be applied to my support account.				
Signature	Date			
Address	Employer			
City, state, zip	Employer's address			
	City, state, zip			