

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR REIMBURSEMENT	CASE NO. PETITION NO. JUDGE
Court address _____		Court telephone no. _____

In the matter of _____
First and last name(s), alias(es)

1. Date of hearing: _____ Judge: _____

THE COURT FINDS:

2. _____, of
Name(s) and relationship(s) to minor(s)
 _____ has(have) been found to be financially able to reimburse
Name of minor(s)
 the court for costs incurred.

IT IS ORDERED:

3. Costs and expenses are assessed as follows:
- ☐ a. Court-appointed attorney in the amount billed by attorney and approved by court; current charges \$ _____.
- ☐ b. Minor's care, clothing, medical, dental, optical, and other needs that the court determines necessary,
 in the amount of: \$ _____ per _____, beginning _____.
Date
- \$ _____ per _____, beginning _____.
Date
- ☐ c. Court services of: \$ _____ per _____, beginning _____.
Date
- ☐ d. Other:

4. Reimbursement for the above charges shall be as follows:

_____ shall reimburse
Name(s) Date
 the court at the rate of \$ _____ per _____, beginning _____
 continuing until the balance is paid in full. Payments are payable to _____
Name and address

***Please include the case number with payment.**

5. Payments shall be applied against assessed charges as follows:

Judge signature and date