STATE OF MICHIGAN

CASE	NO.	and	JU	IDO	ЭE
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	JIA	JI		AL CIRCUIT COUNTY	ORDER COMMITTING JUVENILE TO MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES				OAGE NO. and JODGE		
ORI- MI				Court	address				Court telephone r	0.	
Police R	eport N	lo.									
							Juvenile's name, addres	ss, and	d telephone no.		
7	THE PEOPLE OF THE STATE OF MICHIGAN						CTN/TCN	D DOB	_		
Prosecu	ting att	orney na	ame Bar no. Juvenile's attorney name					Bar n	5.		
	ijuve		s four	nd guilty on	ate				of the crime(s) stated below.		
01	CONVICTED BY DISMISSED BY*				INAT	CHARGE CODE(S) MCL citation/PACC Code					
Count	Plea*	Plea* Court Jury				CRIME			WCL Citation/FACC Code		
*Incort '	G" for (quilty plo	a "NC"	for note contone	ore or "MI" for quilty but n	nontal	ly ill "D" for dismissed by	court o	r "NP" for dismissed by prosecutor/plaint	iff	
□ 2. □	The co	nvictio	n is re	eportable to th	e Secretary of State	(unde		CL 257.	.732, MCL 324.80131, MCL 324.81134[2		
_				-					 •		
∐ 3. L	icens	ing sa	nction	reportable to	State Police (under M	1CL 25	57.625[21][b]).				
	□Reν	oked.		Suspended	days	Re	stricted da	ys.			
☐ 4. I	HIV te	sting a	nd se	x offender reg	gistration are comple	ted.					
□ 5. ¯	⊺he ju	venile	has b	een fingerprir	ited according to MC	L 28	.243.				
	A DNA equire		le is a	lready on file	with the Michigan Si	tate f	Police from a previou	ıs pet	tition/case. No assessment is		
IT IS (ORDE	RED:									
	-			•	and committed to th rate order for probati		chigan Department c	f Hea	alth and Human Services pursua	nt	
Approve	d, SCA	NO					Distribute form to:			_	

Order Committi	ng Juvenile to I	Michigan Depar	tment of Health	and Human Se	rvices (8/21)	Case I	No	
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8. The Director of the Michigan Department of Health and Human Services is appointed special guardian to receive any benefits now due or to become due to the juvenile from the government of the United States.								
☐ 9. Pendin	\square 9. Pending transfer to the Michigan Department of Health and Human Services, temporary custody is as follows:							
□ 10. The i	uvonilo io initi	ally placed [in the home					
-		ally placed L		e ∟ with <u>r</u>	Name of facility			
in a tr	eatment prog	ram as follow	S:					
11. The Michigan Department of Health and Human Services shall forward to the court a semiannual progress report on								
tne juver	nile (MCL 803.2	23).						
12. The Michigan Department of Health and Human Services shall notify the court at least 91 days before the juvenile's 19th birthday of the need to schedule a commitment review hearing (MCL 769.1b).								
13. The Michigan Department of Health and Human Services shall forward to the court a commitment review report for the hearing (MCL 803.225).								
14. Reimbursement for the cost of care and service shall be paid as follows:								
15. The juvenile shall pay:								
State Minimum	Crime Victim	Restitution	DNA Assess.	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$	\$130.00	\$	\$	\$	\$	\$	\$	\$
16. Other:								
Judge signature and date								