

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER FOR REIMBURSEMENT</b>	<b>CASE NO.</b> <b>PETITION NO.</b> <b>JUDGE</b>
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. 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