

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>SATISFACTION OF FINANCIAL OBLIGATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_

Court telephone no. \_\_\_\_\_

THE PEOPLE OF <input type="checkbox"/> The State of Michigan  <input type="checkbox"/> _____
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v

Prisoner's name		
Prisoner no.	SID	DOB
Institution name and address		

On \_\_\_\_\_ this court entered an order to remit prisoner funds for payment toward  
Date  
 an obligation ordered in a judgment of sentence or other order.

That financial obligation has been paid in full to the court as of \_\_\_\_\_ .  
Date

\_\_\_\_\_  
 Court clerk/Deputy court clerk signature and date

**CERTIFICATE OF MAILING**

I served a copy of this satisfaction of financial obligation on the prisoner at the institution/facility by first-class mail addressed to its last-known address as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Send a copy of this form by first-class mail or email to:

[ ATTN: Court Order Unit Michigan Department of Corrections 206 E. Michigan Ave. PO Box 30003 Lansing, MI 48909  MDOC-CourtOrders@michigan.gov	]
L	J