



Michigan Supreme Court

State Court Administrative Office

Trial Court Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Jennifer Warner
Director

MEMORANDUM

DATE: June 7, 2017

TO: All Judges
All Court Administrators

FROM: Matthew L. Walker, Forms and Manuals Analyst

RE: [MC 20a, Order Regarding Suspension of Prisoner Fees/Costs](#)
Most Recent Update: (6/17) version
Effective Date: Immediate; existing paper stock can be used until 6/9/2017

To ensure proper collection of filing fees from prisoner trust accounts, the Michigan Department of Corrections (MDOC) has requested that courts provide a copy of each order requiring a prisoner to pay civil filing fees and costs. Send each order (form MC 20a, Order Regarding Suspension of Prisoner Fees/Costs) to the MDOC Court Order Department via first-class mail or e-mail at:

ATTN: Court Order Department
Michigan Department of Corrections
Jackson Business Office
4000 Cooper Street
Jackson, MI 49201

MDOC-CourtOrders@michigan.gov

The State Court Administrative Office updated the form to accommodate this request. A copy of the updated form with highlighted changes is attached to this memo.

If you have questions regarding this change, please contact me at
TrialCourtServices@courts.mi.gov or 517-373-2217.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ORDER REGARDING SUSPENSION OF PRISONER FEES/COSTS	CASE NO.
Court address		Court telephone no.

Plaintiff's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney, bar no., address, and telephone no.

THE COURT FINDS:

1. A pleading/claim of appeal was filed with the court by the prisoner who is the ☐ plaintiff. ☐ defendant.
2. The prisoner requested suspension of fees and costs in the action because of indigency. A certified **statement** of the **prisoner's trust account** was provided showing the current balance and a 12-month history of deposits and withdrawals.
3. On the basis of the certified copy of the **prisoner's trust account**, it appears
 - ☐ a. there are sufficient funds in the account to pay the filing fee, and payment for the full filing fee should be ordered.
 - ☐ b. there are insufficient funds in the account to pay the filing fee, and payment for a partial fee should be ordered.
 - ☐ c. the prisoner is indigent, and payment for the filing fee should be **waived/suspended** until further order of the court.
4. The prisoner's average monthly account deposit for the last 12 months is \$ _____.
5. The prisoner's average monthly account balance for the last 12 months is \$ _____.

IT IS ORDERED:

- ☐ 6. The prisoner is ordered to pay a ☐ full ☐ partial filing fee within 21 days from the date of this order. The prisoner shall resubmit the pleading/claim of appeal for filing along with \$ _____ and one copy of this order. If the filing fee is not received within 21 days of the date of this order, the court will not file the action and all documents will be returned to the prisoner. The prisoner is responsible for making arrangements to have the filing fee paid. The Department of Corrections shall withdraw funds to make monthly payments once the initial fee is paid.

☐ In addition, the prisoner shall make monthly payments equal to 50% of the deposits made to the **prisoner's trust account** until the full filing fee is paid. The Department of Corrections shall remove funds from the **prisoner's trust account** on a monthly basis until the full filing fee is paid.
- ☐ 7. Fees and costs in this action are waived/suspended until further order of the court. If the prisoner becomes able to pay fees and costs before conclusion of the litigation, payment of fees and costs will be ordered as required by law.
8. If costs are assessed, the court will order payments to be made from the prisoner's trust account as required by law.
9. If the prisoner fails to pay any fees and costs required by this order, the prisoner shall not commence a new civil action or appeal until the outstanding fees and costs have been paid.

Date _____

Judge _____

Bar no. _____

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CERTIFICATE OF MAILING

I certify that on this day I served copies of this order on the prisoner at the institution/facility and on the other party by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date

Signature

If item 6 is checked, send a copy of this order by first-class mail or e-mail to:

ATTN: Court Order Department
Michigan Department of Corrections
Jackson Business Office
4000 Cooper Street
Jackson, MI 49201

MDOC-CourtOrders@michigan.gov