

STATE OF MICHIGAN Third Judicial Circuit Court	Juvenile Division Installment Payment Agreement	Case No. _____ Petition No. _____
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Court Address: 1025 E. Forest, Room 139B, Detroit, MI 48207

Telephone No.: (313) 833-0798

People of the State of Michigan,
Plaintiff

vs

Adult Responsible Party (*ARP*)

Address

Phone Number

Terms of Payment Agreement:

The total outstanding balance as of the date of this agreement is: \$ _____.

I agree to pay \$ _____ on _____; then payments of \$ _____ monthly; commencing _____.

I understand that the court may order assessments at each hearing; cost and fees ordered after the date of this agreement are to be paid as ordered.

In the event that I default on this agreement, the total balance will become due and collectible. I agree to the assignment of my wages to pay my financial obligations to the Court. I understand that the Court may collect on the wage assignment and/or by garnishment of my State of Michigan Income Tax Refund until my financial obligations are paid in full.

A copy of your ID with the current address and proof of income must be submitted with this agreement.

I agree to inform the Court Collections Unit of any change in my employment or address within two weeks of the date of the change. Failure to comply with this agreement may result in my being held in contempt of court.

Date

Adult Responsible Party (ARP)

Adult Responsible Party (ARP)

FOR COURT USE

- ☐ Financial Statement attached
 ☐ Financial Detail Screen attached
 ☐ Proof of Employment verified
☐ Payment Agreement approved; \$ _____ paid on _____ (*date*).
☐ Denied/Declined Offer – Reason: _____

Collections Supervisor/Manager

Date