

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE</b>	<b>Suspension of Court Ordered Reimbursement of Attorney Fees</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, subject of the petition.

1. I, \_\_\_\_\_ am the subject of the petition filed on \_\_\_\_\_  
Name Date

2. On \_\_\_\_\_, I was ordered to reimburse the Wayne County Probate Court \$130 for attorney fees paid on my behalf.

3. I am unable to reimburse the Court for ordered costs because of indigency based on the following:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | My total liquid assets (bank accounts, stocks, bonds, etc.) are less than \$1,000.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My total monthly income from all sources (unemployment, social security, pension, interest/dividends, etc.) is less than \$1,000 per month. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive public assistance.  |

2. I request that the court ordered reimbursement of attorney fees be suspended.

I declare under the penalties of perjury that all information presented in this acknowledgement is true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Do not write below this line – For court use only

Suspension of court ordered reimbursement is:

- Approved
- Denied
- A payment plan in the amount of \$ \_\_\_\_\_ per month is approved.

\_\_\_\_\_  
Authorized

\_\_\_\_\_  
Date