

STATE OF MICHIGAN 36TH DISTRICT COURT	36th District Court Financial Statement / Installment Payment Agreement	CASE NO(S). See Payment Schedule
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Court Address: 421 MADISON AVENUE, DETROIT, MI 48226

Court Tel.: 313-965-2213

MICHIGAN COURT RULE 1.110 STATES: "FINES, COSTS, AND OTHER FINANCIAL OBLIGATIONS IMPOSED BY THE COURT MUST BE PAID AT THE TIME OF ASSESSMENT, EXCEPT WHERE THE COURT ALLOWS OTHERWISE, FOR GOOD CAUSE SHOWN."

BUSINESS INFORMATION			
Business Name		Employer Identification No. (EIN)	
Business Address		City	County
Mailing Address		Zip	County
Business Telephone	Type of Business	Business Website (web address)	
Type of entity (Check appropriate box below) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation <input type="checkbox"/> Other LLC – Include number of members		Date Incorporated/Established _____ Number of Employees _____ Monthly Gross Payroll _____	

BUSINESS PERSONNEL AND CONTACTS	
PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC	
Full Name _____ Title _____ Social Security Number _____ Home Address _____ State ZIP _____	Home Telephone _____ Work Phone _____ Cell Phone _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
Full Name _____ Title _____ Social Security Number _____ Home Address _____ State ZIP _____	Home Telephone _____ Work Phone _____ Cell Phone _____ Ownership Percentage & Shares or Interest \$ _____ Annual Salary/Draw \$ _____

BUSINESS ASSET AND LIABILITY INFORMATION	
CASH ON HAND <i>Include cash that is not in the bank</i> \$ _____	
Is there a safe on the business premises <input type="checkbox"/> Yes <input type="checkbox"/> No	Contents _____

BUSINESS BANK ACCOUNTS <i>Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.)</i>			
Type of Account	Full Name and Address (Street, City, State, ZIP code of Bank, Savings & Loan, Credit Union or Financial Institution)	Account Number	Account Balance as of _____ MMDDYYYY
			\$
			\$
Total Cash In Banks			\$

OTHER FINANCIAL INFORMATION				
Has the business ever filed bankruptcy (If yes, answer the following) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	District of Filing
Any increase/decrease in income anticipated (If yes, answer the following) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain (Use attachment if needed)		How much will it increase/decrease \$	When will it increase/decrease	

MONTHLY INCOME/EXPENSES STATEMENT FOR BUSINESS

Accounting Method Used: Cash Accrual

Use the prior 3, 6, 9, or 12 month period to determine your typical business income and expenses.

Income and Expenses during the period (mmddyyyy) to (mmddyyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense Items	Actual Money
Gross Receipts from Sales/Services	\$	Materials Purchased	\$
Gross Rental Income	\$	Inventory Purchased	\$
Interest Income	\$	Gross Wages & Salaries	\$
Dividends	\$	Rent	\$
Cash Receipts (not included above)	\$	Supplies	\$
Other Income (Specify Below)	\$	Utilities/Telephone	\$
	\$	Repairs & Maintenance	\$
	\$	Insurance	\$
	\$	Other Expenses (Specify)	\$
Total Income	\$	Total Expenses	\$

REAL PROPERTY Include all real property and land contracts the business owns/leases/rents

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
1 Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP Code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			
2 Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP Code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			

VEHICLES, LEASED AND PURCHASED (Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.)

3 Vehicle Identification No. (VIN)	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
4 Vehicle Identification No. (VIN)	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
Total Equity (Add lines 1 through 4 and amounts from any attachments)						\$

I acknowledge that \$_____ is owed to the 36th District Court for court ordered costs, fines, penalties, and fees for cases listed on the Installment Payment Agreement Payment Schedule. I understand that there could be additional fines and costs assessed for cases not listed on the Payment Schedule.

I certify under penalty of perjury that to the best of my knowledge and belief, this is a complete and accurate statement of assets, liabilities, and other information provided is true, correct, and complete.

I have read, understand, and agree to the terms of the Payment Schedule and understand that failure to comply may result in wage garnishment, State Income Tax intercept, seizure of property, and/or bench warrant.

Signature	Title	Date
Print Name of Officer, Partner or LLC Member		