

**Collections are due
by the 20th of the month.**

Fee Transmittal for State of Michigan

District or Municipal Court Offices

Issued under authority of P.A. 71 of 1919 and the laws stated below.

INSTRUCTIONS: Use this form to transmit all fees to the Michigan Department of Treasury. Follow the filing instructions at the bottom of the form. **Send the original plus eight (8) additional copies of the completed form.**

Court Number, Name and Address	County	
Reporting Period (month/year)		
Collections Due to the State Treasurer	Account Number	Amount
1. DO NOT USE		1. XXXXXXXXXX
2. Department of State (FAC/FCJ Clearances) - MCL 257.321a	228.30	2. _____
3. Civil Filing Fee Fund - MCL 600.171.....	228.58	3. _____
4. State Court Fund - MCL 600.8371.....	228.42	4. _____
5. Justice System Fund - MCL 600.181.....	228.59	5. _____
6. Juror Compensation Reimbursement Fund		
Civil Jury Demand Fee - MCL 600.8371	228.57	6a. _____
Drivers License Clearance Fee - MCL 257.321a	228.57	6b. _____
7. Crime Victims Rights Fund - MCL 780.905.....	228.37	7. _____
8. Convicted Drunk Driver Assessment - MCL 769.1f		
Reimbursement of Allowable Expenses Due State Police	228.47	8a. _____
Reimbursement of Allowable Expenses Due Department of Natural Resources	228.48	8b. _____
9. Judgment Fee - Department of Natural Resources - MCL 324.1609, MCL 324.40119, MCL 324.48740	228.20	9. _____
10. DNA Assessment Due to State Police - MCL 28.176	228.55	10. _____
11. Judicial Electronic Filing Fund - MCL 600.176	228.56	11. _____
12. Local Indigent Defense Contribution/Reimbursement - MCL 780.993.....	228.71	12. _____
13. Total Collections Due to the State Treasurer. Add lines 1 through 12. Enter here		13. _____
14. Report the total number of traffic civil infraction cases in the reporting period in which they become paid in full - MCL 600.181. If an error is discovered in the total reported as fully collected in a prior month, adjust the current reporting period total +/- and report the net total fully collected in the reporting period.		
I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes.		
Signature of Preparer	Preparer's Phone Number	Date
Print Name of Preparer	Title	

Mail original form plus **eight (8) additional copies** and a check payable to "State of Michigan" in the amount on line 13 to:
 Michigan Department of Treasury
 Office of Financial Services
 P.O. Box 30788
 Lansing, MI 48909

Direct questions to:
 Michigan Supreme Court Finance - 517-373-4829
 Treasury, Office of Financial Services - 517-636-5386
 Treasury, Local Government Community Engagement and Finance Division - 517-335-7469

An online fillable version of this form is available on the Internet at
www.michigan.gov/treasury
 (click on "Local Government" then "Forms and Instructions")