

NOTE: Fields outlined in RED are required.

8th DISTRICT COURT

PETITION TO COMPLETE COMMUNITY SERVICE

150 E. Crosstown Parkway, Kalamazoo, MI 49001 (269) 384-8171
227 West Michigan Avenue, Kalamazoo, MI 49007 (269) 384-8171

TO SPEAK WITH A COLLECTION OFFICER CALL
If your last name is A - K (269) 384-8011
If your last name is L - Z (269) 383-8911

ALL INFORMATION MUST BE COMPLETE AND ACCURATE OR REQUEST WILL BE DENIED

APPLICANT INFORMATION

Last Name		First Name		Middle
Address				
City		State		Zip Code
Date of birth		Social Security Number		Phone
Own	Rent	Monthly payment or rent \$	How long?	Email
Marital Status:		Single	Married	Divorced
No. of Dependents		Monthly Household Expenses		

EMPLOYER/SOURCE OF INCOME

Employer/Source of Income		Length of Employment
Address		Phone
City	State	Zip Code
I am paid \$ _____ every _____ week _____ two weeks _____ month, my next pay date is _____.		

AFFIDAVIT

I request the Court's permission to complete community service for fines and costs. I understand that not all costs are eligible for community service and upon completion of community service I may have outstanding debt due to the Court. I agree to inform the Court of changes in my address, phone number or employment. I acknowledge failure to comply with this order may result in the issuance of an order to show cause or bench warrant.

Defendant Signature

Date

ORDER REGARDING COMMUNITY SERVICE AND PAYMENT PLAN

- ☐ Request for Community Service is denied. It is ordered the defendant shall pay \$ _____ every _____ starting _____ until debt is paid in full.
- ☐ It is Ordered the defendant may complete _____ hours of Community Service and pay \$ _____ each _____ for ineligible costs starting _____. All Community Service hours must be completed by _____.
- ☐ It is Ordered the defendant may complete _____ hours of Community Service and pay ineligible costs totaling \$ _____ by the due date of _____.

Judge/Magistrate

Date

I certify on this date a copy of this petition was served upon the defendant by ordinary mail.

Deputy Clerk

Date

CALCULATOR

Total Fines and Costs _____
Ineligible Costs - _____
Eligible Costs = _____
Divided by \$10/hr _____/hrs