

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

ORDER OF PROBATION

CASE NO.

ORI Court address Court telephone no.

Police Report No.

<input type="checkbox"/> The State of Michigan THE PEOPLE OF <input type="checkbox"/>	v
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Defendant's name, address, and telephone no.		
CTN/TCN	SID	DOB

Probation officer	Term
Offense and PACC <input type="checkbox"/> Judgment of guilt is deferred under: <input type="checkbox"/> MCL 333.7411, Controlled Substance Act <input type="checkbox"/> MCL 750.350a, Parental Kidnapping Act	<input type="checkbox"/> MCL 762.14, Youthful Trainee Status <input type="checkbox"/> MCL 600.1070, Drug Treatment Court

Defendant poses a credible threat to the physical safety of 1 or more persons named in item 9.** needed for NCIC entry

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and the defendant shall:

- | | |
|--|--|
| 1. Not violate any criminal law of any unit of government.
2. Not leave the state without the consent of this court.
3. Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing, as required by the probation officer.
4. Notify the probation officer immediately of any change of address or employment status.
<input type="checkbox"/> 5. Not purchase or possess a firearm. ** needed for NCIC entry
6.a <input type="checkbox"/> The due date for payment is _____.
6.b <input type="checkbox"/> Total amount due may be paid in installments of \$ _____ per _____ starting on _____ and paid in full by the due date stated on the judgment of sentence or by _____.
Fines, costs and fees not paid within 56 days of the date owed or of any installment payment date are subject to a 20% late penalty on the amount owed.
7. Pay a supervision fee to the Department of Corrections in the amount of \$ _____. The fee is payable immediately.
<input type="checkbox"/> Total amount due may be paid in installments of \$ _____ per _____ starting on _____ payable to the State of Michigan.
<input type="checkbox"/> 8. Comply with the attached wage assignment order.
<input type="checkbox"/> 9. Other: (Use this space for conditions for the protection of 1 or more named persons . also complete the LEIN order on parts 5 & 6 of this form) | 6. Pay the following to the court:
Fine _____ \$
Costs _____ \$
Restitution _____ \$
Crime Victim Assessment _____ \$
State minimum costs _____ \$
Drug Court Fee _____ \$
Other _____ \$
Total _____ \$ |
|--|--|

Failure to comply with this order may result in a revocation of probation and incarceration.

Date	Judge	Bar no.
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I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

Date	Defendant signature
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If the judgment of guilt is deferred as stated above, the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition as required under MCL 769.16a.

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2. Not leave the state without the consent of this court.
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4. Notify the probation officer immediately of any change of address or employment status.
<input type="checkbox"/> 5. Not purchase or possess a firearm. ** needed for NCIC entry | 6. Pay the following to the court:
Fine _____ \$
Costs _____ \$
Restitution _____ \$
Crime Victim Assessment _____ \$
State minimum costs _____ \$
Drug Court Fee _____ \$
Other _____ \$
Total _____ \$ |
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Date	Judge	Bar no.
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To Local Law Enforcement: The above protective conditions in item _____ and the following identifying information of the defendant must be entered on the LEIN system. The Court will notify local law enforcement of any amendments to or revocation of this order.

Height	Weight	Race	Sex	Date of Birth	Hair Color	Eye Color	Other Identifying information

Effective date of conditions in item 8. _____

Expiration date of order _____

Date	Judge/Magistrate	Bar No.
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