

OFFICE OF THE SHERIFF

MACOMB COUNTY MICHIGAN



INMATE REIMBURSEMENT

"PAY TO STAY" PROGRAM

**ANTHONY M. WICKERSHAM
MACOMB COUNTY SHERIFF**

YOU MAY NOW PAY:

1. CASH IN OUR OFFICE
2. PERSONAL CHECK
3. CERTIFIED CHECK
4. MONEY ORDER
5. CASH SETTLEMENT
6. CREDIT CARD:

888-604-7888 TOLL FREE/24 HOURS

-Discover

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Please use location code #1955 when using credit cards.

*A 5% Service Fee will be charged by GPS
(Government Payment Services)

Prisoner Reimbursement to the County Act

PA. 1984 No 118

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Prisoner Reimbursement to the County Act

PA. 1984, No 118, Imd. Eff. June 1

An act regarding county jail and prisoners housed therein; to provide certain powers and duties of county officials; and to provide for the reimbursement to certain expenses incurred by counties in regard to prisoners sentenced to the county jail.

The People of the State of Michigan enact:

801.81

Short Title

Section 1 This act shall be known and may be cited as the "prisoner reimbursement to the county act."

801.82

County Jail

Section 2 For purposes of this act, "county jail" includes a house of correction under Act No.278 of the Public Acts of 1911, being sections 802.202 to 802.204 of the Michigan Compiled Laws.

801.83

Reimbursement of expenses:

Financial status of prisoners.

Section 3 (1) The County may seek reimbursement for any **expenses** incurred by the county in relation to the charge for which a person was sentenced to a county jail as follows:

- (a) From each person who is or was a prisoner not more than \$60.00 per day for the expenses of maintaining that prisoner or the per diem cost of maintaining that prisoner, whichever is less, for the entire period of time the person was confined in the county jail, including any period of pretrial detention. To investigate the
 - (b) financial status of the person.
 - (c) Any other expenses incurred by the county in order to collect payment under this act.
- (2) Before seeking any reimbursement under this act, the county shall develop a form to be used for the determining the financial status of prisoners. The form shall provide for obtaining the age and martial status of a prisoner, the number and ages of children of a prisoner, the number and ages of other dependents, type and value of real estate, type and value of personal property, cash and bank accounts, type and value of investments, pensions and annuities and any other personal property of significant cash value. The county shall use the form when investigating the financial status of prisoners (See Financial History Form)

801.84

List of prisoners and information

Section 4

At and in accordance with, the request of the county Board of Commissioners or of the county executive or a designee of the county executive, the sheriff of the county shall forward to the board, county executive, or designee of the county executive a list containing the name of each sentenced prisoner, the term of sentence, and the date of admission, together with information regarding the financial status of each prisoner, as required by the county board of commissioners, the county executive, or designee of the county executive.

801.85

Prisoner cooperation with county

Section 5

(1) A prisoner in a county jail shall cooperate with the county seeking reimbursement under this act for expenses incurred by the county for that prisoner.

(2) A prisoner who willfully refuses to cooperate as provided in subsection (1) shall not receive a reduction in his or her term under section 7 of Act No.60 if the Public Acts of 1962, being section 801.257 of the Michigan Compiled Laws.

801.86

Investigation of reports.

Section 6

The county board of commissioners or the county executive may investigate or cause to be investigated all the reports under section 4 furnished by the sheriff for the purpose of securing reimbursement for the expenses incurred by the county in regard to prisoners as provided for under this act.

801.87

Suit seeking reimbursement pleadings:
legal obligations; money judgment and
liability of property

Section 7

(1) Within one (1) year of the release of a person as a sentenced prisoner from any county jail, an attorney for that county may file a civil action to seek reimbursement from that person for maintenance and support of that person while he or she is or was a prisoner, or for any other expense for which the county may be reimbursed under section 3, as provided in this section and sections 8 to 10.

(2) A civil action brought under this act shall be instituted in the name of the county in which the jail is located and shall state the date and place of sentence, the length of time set forth in the sentence, the length of time actually served, and the amount or amounts due to the county pursuant to section 3.

(3) Before entering any order on behalf of the county against the defendant, the court shall take into consideration any legal obligation if the defendant to support a spouse, minor children, or other dependents and any moral obligation to support dependents to whom the defendant is providing or has in fact provided support.

(4) The court may enter a money judgment against the defendant and may order that the defendant's property is liable for reimbursement for maintenance and support of the defendant as a prisoner and for other expenses reimbursable under section 3.

801.88 Section 8. Venue: Restraining orders: Appointment of receiver

- (1) Consistent with section 7 the county may file the civil action in the circuit court. If defendant is still prisoner in the county jail, venue is proper in the county in which the jail is located.
- (2) If necessary to protect the county's right to obtain reimbursement under this act against the disposition of known property, the county, in accordance with rules of the Supreme Court of this state, may seek issuance of an ex parte' restraining order to restrain the defendant from disposing of the property pending a hearing on an order to show cause why the particular property should not be applied. to reimbursement of the county for the maintenance and support of the defendant as a prisoner.
- (3) To protect and maintain the property pending resolution of the matter, the court upon request, may appoint a receiver.

801.89 Homestead exempt from execution

Section 9. The county shall not enforce any judgments obtained under this act by means of execution against the homestead of the defendant.
Suit to enforce judgment:

801.90 Venue if defendant is still a prisoner

Section 10. Consistent with section 7 the county may file the civil action in the district court to recover a money judgment and to enforce that judgment in the same manner as other money judgments entered by the district court.
If the defendant is still a prisoner in the county jail venue in a district of the first class is proper in the county where the county jail is located and in a district of the second or third class is proper in the district where the county jail is located.

801.91 Judge and Sheriff to furnish information and assistance

Section 11 The sentencing judge and the sheriff of any county in which a prisoner's property is located shall furnish to the attorney for the county all information and assistance possible to enable the attorney to secure reimbursement for the county under this act.

801.92 Reimbursement credited to county general fund: sworn statements of amount due

Section 12 The reimbursements secured under this act shall be credited to the general fund of the county to be available for the general fund purposes. The county treasurer may determine the amount due to the county under this act and render sworn statements thereof. These sworn statements shall be considered prima facie evidence of the amount due.

**MACOMB COUNTY
OFFICE OF THE SHERIFF**

Prisoner Reimbursement Act

Please be advised that pursuant to M.C.L. .A. 801.81 you are required to reimburse the County of Macomb for a portion of the cost of your housing while incarcerated. This law, more commonly known as the "Prisoner Reimbursement to the County Act," allows counties to charge up to \$60 per day for room and board in addition to any expense you may incur while incarcerated (e.g. charges for medical treatment or damaged property'). It is also required that you be provided with the enclosed form so that your ability to pay the above mentioned fees may be determined. Therefore, please complete the Financial History Form and return it to the Reimbursement Division immediately. The form may be mailed to the address below or sent via intra-jail mail if you are currently incarcerated.

Once you become sentenced, you will be charged every day that you were housed in the Macomb County Jail, including pre-trial detention time and days spent before bonding out. Your per diem charged may be based upon your ability to pay and cannot exceed \$60 per day according to the Macomb County Jail policy.

Billing statements may be mailed to you, you may be pursued legally, OR a cash settlement offer may be accepted. If there are any problems concerning your account, or if you would like further information please refer to the telephone number indicated below. We are willing to work with you on an affordable payment plan (or a cash settlement if appropriate). If you make no effort to repay this obligation, your account may be turned over to a collection agency or pursued in court at a higher cost.

PLEASE NOTE: It is the Sheriff's policy to not charge booking, garage, kitchen and L'Anse Creuse trustees for room and board fees during the time that they are actually on trustee status. Other trustees (Pod porters) are charged for room and board fees.

For further information, direct calls or correspondence to:

**Macomb County Sheriff's Office
Reimbursement Division
43565 Elizabeth Road
Mount Clemens, MI 48043
586-307-9467**

**MACOMB SHERIFF'S OFFICE
FINANCIAL HISTORY FORM**

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ MARITAL STATUS _____ SOC. SEC. # _____

NUMBER OF CHILDREN _____ AGES _____

OTHER DEPENDENTS _____ AGES _____

NAME OF EMPLOYER _____ HOURLY WAGE _____

ADDRESS _____ PHONE # _____

LENGTH OF EMPLOYMENT _____

OTHER INCOME (SOCIAL SECURITY, WELFARE, DISABILITY, OTHER) _____

AMOUNT RECEIVED PER MONTH _____

OTHER SOURCES OF INCOME (SPOUSE, FAMILY, OTHER) _____

TYPE AND VALUE OF REAL ESTATE (BUSINESS, RESIDENTIAL, OTHER) _____

ADDRESS OF PROPERTY _____

TYPE AND VALUE OF PERSONAL PROPERTY (CAR, TRUCK, BOAT, OTHER) _____

BALANCE IN CHECKING ACCT _____ NAME OF BANK _____

BALANCE IN SAVINGS ACCT _____ NAME OF BANK _____

OTHER INVESTMENTS (IRA'S, PENSION, BONDS, OTHER) _____

APPROXIMATE MONTHLY FINANCIAL OR LEGAL OBLIGATIONS:

CHILD SUPPORT _____ CAR LOAN _____ CAR INSURANCE _____

RESTITUTION _____ HOME LOAN _____ HOME INSURANCE _____

ATTORNEY FEES _____ RENT _____ UTILITIES _____

COURT COSTS _____ PROPERTY TAXES _____

OVER SIGHT FEE _____ OTHER LOANS OR DEBTS _____

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN EXAMINED BY ME, AND IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT A BACKGROUND INVESTIGATION MAY BE CONDUCTED, & THAT MY EMPLOYER AND CREDITORS MAY BE CONTACTED FOR THE PURPOSE OF DETERMINING MY ABILITY TO PAY REIMBURSEMENT COSTS.

SIGNATURE

DATE