

Case Number: _____ CTN: _____

Amount Enclosed: _____

Please fill out the following information to insure your payment is posted properly.

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

RETURN TO:

FRANK MURPHY HALL OF JUSTICE
c/o WAYNE COUNTY CLERK CASHIER
1441 ST. ANTOINE, SUITE #102
DETROIT, MI 48226

Case Number: _____ CTN: _____

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Phone Number: _____

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