

COUNTY OF MACOMB

OFFICE OF THE FRIEND OF THE COURT
 COURT BUILDING
 MOUNT CLEMENS, MICHIGAN 48043-8606

CHECK NUMBER **721797**

SOURCE CODE	RECEIPT NO.	DATE OF RECEIPT	SERVICE FEE	DATE OF CHECK	NO. OF CHILD	PAYEE NO.	CASE NUMBER	CHECK NUMBER
3	19977877	12 20 93	3.00	12 21 93	1	1	921558-3X	721797
PAYMENT AMOUNT	58.00		.00	.00	.00	58.00		
	SUPPORT	ALIMONY	MEDICAL	OTHER	TOTAL			
YTD TOTAL	2,424.50	.00	.00	.00	2,424.50			

SOURCE CODE

1. PERSONAL CHECK DRAWN ON BANK IN LOCAL AREA
2. CASH RECEIPT
3. COMMERCIAL CHECK
4. PERSONAL CHECK DRAWN ON BANK NOT IN LOCAL AREA
5. FROM ESCROW ACCOUNT
6. INCOME WITHHOLDING ORDER

NON NEGOTIABLE

SERVICE FEE

SEMI-ANNUAL FEE
 PURSUANT TO
 LEGAL COURT
 RULE AND PUBLIC
 ACTS HAVE BEEN
 HEREWITH
 DEDUCTED

DETACH AND RETAIN FOR YOUR RECORDS