

COST PAYMENT INSTRUCTION SHEET

IMPORTANT:

Reimbursement of costs incurred by the Attorney Grievance Commission and the Attorney Discipline Board is governed by MCR 9.128. Please review that rule and read the following instructions:

1. ***When Payment is Due*** - Costs assessed in an order of discipline, or an order granting or denying reinstatement, are due on or before the date provided in the order. An order directing the payment of costs is stayed only if the respondent seeks review and requests a stay and an automatic stay or order granting stay is issued. See MCR 9.115(K) and MCR 9.122(C). If you have any questions about the date costs are due, please contact the Attorney Discipline Board at (313) 963-5553.
2. ***Method of Payment*** - The Attorney Discipline Board is unable to accept cash payments. Payments may be made as follows: Check (including personal check) made payable to the **Attorney Discipline System**; Money Order made payable to the **Attorney Discipline System**; Visa or MasterCard (see payment slip below).
3. ***Where to Submit Payment*** - Payment may be made in person or by mail addressed to the Attorney Discipline Board, 211 W. Fort St., Ste. 1410, Detroit, MI 48226. Payment by credit card may also be submitted by fax to (313) 963-5571. If submitted by fax, the required information below **must** be legible and **must** include a proper signature.
4. ***Certification of Non-Payment*** - Failure to pay the assessed costs on or before the specified date will result in the filing of a certified report of non-payment with the Supreme Court. Commencing on the date the certified report is filed, interest on the unpaid costs will accrue at the rates applicable to civil judgements.

The respondent will be suspended automatically, effective seven days from the mailing of the certified report, and until the respondent pays the costs or the Attorney Discipline Board approves a suitable plan for payment. An attorney suspended for non-payment under MCR 9.128 is subject to the notification requirements of MCR 9.119 and the reinstatement requirements of MCR 9.123(A).

If you wish to pay the assessed costs using either a MasterCard or Visa credit card, you may do so by checking the appropriate box below and completing the information as indicated. Credit card payments received without a proper signature will be returned.

VISA

MASTERCARD

CARD NO.: _____ EXPIRATION DATE: _____

AMOUNT: _____ CSC # (3 digit no. on back of card) _____

NAME AS IT APPEARS ON CREDIT CARD: _____

SIGNATURE: _____ PHONE NO. _____

CASE NAME: _____

CASE NO.: _____ BAR NUMBER: P _____