



Summary	
<b>Case #:</b>	
<b>WIC Coordinator's or Compliance Investigator's Name :</b>	
<b>Local Agency Name:</b>	
<b>Client's Name:</b>	
<b>Hearing Date:</b>	/ /
<b>Original Restitution Amount:</b>	\$

Administrative Settlement			
<b>Administrative Settlement reached?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Adjustments to Restitution Amount?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Payment Plan Created?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

COMMENTS / ADJUSTMENTS	
<b>FINAL RESTITUTION AMOUNT</b>	\$

The undersigned Authorized Person accepts and agrees to fully abide by the terms and conditions for settlement referenced herein.

_____ <i>(Signature of Authorized Person)</i>	_____ <i>(Printed Name of Authorized Person)</i>	_____ <i>(Date)</i>
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The undersigned members of the department accept the terms and conditions of the settlement of the enforcement actions referenced herein:

_____ <i>WIC Representative</i> <i>(Local Agency Coordinator or State Agency Program Integrity Supervisor)</i>	_____ <i>(Date)</i>
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**REMITTANCE**

Remittance of administrative fines, if any, is due within **15 business days** of acceptance. Remittance should be made out to the "State of Michigan" and returned to:

**MDHHS – Accounting Division**  
**Attn: WIC Program**  
**P.O. Box 30437**  
**Lansing MI 48909**

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