

67th DISTRICT COURT RECORD/COPY REQUEST

1. Date of Request: _____
2. Requested by: _____
Name _____
Address _____
Home telephone no. _____ Business telephone no. _____

3. Specify the complete case number and/or party name(s):
- Case Number: _____
- Party Name(s): _____ v _____

4. Nature of Request:
- Review Record. (Specify the type of record, such as case file, recording, etc.)

Obtain Copies.

5. If copies are requested, list type of record to be copied:
- Complete case file (except for any nonpublic court records).
- Specific court record. (List documents, recordings, etc. Use an additional page if necessary.)

NOTE: Michigan law does not require that you place your name and address on this form. This information is requested to facilitate the processing of your request.

For Court Use Only

_____ copies x per record/page charge of \$ _____
Total charged: \$ _____

Processed by: _____ Date _____
 Court Clerk