

**65B DISTRICT COURT RECORD/COPY REQUEST
PLEASE READ PUBLIC ACCESS NOTICE**

1. Date of Request: _____ Time 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 & address on this form. This information is requested to facilitate the processing of your request and ensure your request is properly processed in the order received & any associated copy costs are properly billed & paid.

For Court Use Only

_____ copies x per record/page charge of \$ _____

Total charged: \$ _____

Processed by: _____ Date _____
Court Clerk