

**65B DISTRICT COURT
FILE/COPY REQUEST FORM**

1. Date of Request _____

2. Requested by: NAME _____
ADDRESS _____
Telephone-Home _____ Office _____

3. Please specify the complete party name(s) and/or case number below:
Case Number _____
Party Name(s) _____ vs _____

4. Nature of Request
____ Review File
____ Obtain Copies

5. If copies are requested, list documents to be copied:
____ Complete case file (except for any non-public court records).
____ Specific documents (list-use additional page if necessary)

NOTE:

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

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For Court Use Only

Copies _____ x Per page _____

Total charged _____

Handled by _____ on _____
Court Clerk Date