



REQUEST TO ACCESS FRIEND OF THE COURT RECORDS

CASE NO.

Court Address: 219 E. Paw Paw Street, Paw Paw, MI 49079
Email: foc@vanburencountymi.gov

Court Telephone No: (269) 657-7734
Fax No: (269) 657-8282

Name and mailing address of person requesting access to records:
Plaintiff name:
Defendant name:

Telephone number(s) where you can be contacted during the friend of the court's normal business hours:

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Fax Number: ()

I certify that I am:

- A party
An Attorney of Record
Michigan Law Enforcement personnel
Lawyer- Guardian ad Litem
Guardian or Conservator
Guardian ad Litem or Attorney for minor child
Protective services personnel from MDHHS
Corrections, parole or probation officer
Personal representative of the estate of a party
Third-party Custodian
Personnel assigned to carry out IV-D program functions
An officer in the Judge Advocate General's office
Other:

I am interested in the following records:

- I would like to personally inspect the records.
I would like copies of the requested records upon receipt by the friend of the court of the copying fee.
I would like to have the friend of the court or designated employee describe or read the requested information to me by telephone or in person.
I would like to pick my records up at the friend of the court office.
I would like to have my records mailed to me.

Costs: A copy of the entire friend of the court file (excluding confidential items) is \$20.00 and will be provided on a data storage device. The \$20.00 payment must be made prior to the data storage device being prepared. Payment may be made via cash in our office, or by cashier's check. Other copies are \$1.00 per page.

Date

Signature