

45th St. Joseph <b>STATE OF MICHIGAN          JUDICIAL CIRCUIT          COUNTY</b>	<b>REQUEST TO ACCESS          FRIEND OF THE COURT RECORDS          AND DECISION</b>	<b>CASE NO.</b>
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Friend of the court address and telephone no. \_\_\_\_\_  
 Friend of the Court  
 920 W Michigan Ave  
 Three Rivers MI 49093

Plaintiff name \_\_\_\_\_  
**v**

\_\_\_\_\_

Defendant name \_\_\_\_\_

Name and mailing address of person requesting access to records \_\_\_\_\_

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

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_  
 Fax

1. I certify that I am \_\_\_\_\_, an individual entitled to access records. (See instructions on other side.)  
 (Specify)

2. I am interested in the following records: (Describe briefly.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 3.  a. I would like to personally inspect the requested records.
- b. I would like copies of the requested records upon receipt by the friend of the court of the copying fee.
- c. 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.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**DECISION ON REQUEST**

- Request granted in full.
- Request granted in part.
- Request denied.

Reason for partial request or denial.  Some of the information was confidential because of court rule, law, or court order.

Other: \_\_\_\_\_

Requested access will be provided as follows: \_\_\_\_\_  
 Date Time Details

Send \$\_\_\_\_\_ for copying costs to \_\_\_\_\_. Make check or money order payable to \_\_\_\_\_.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

Any person denied access to friend of the court records or confidential information may file a motion for an order of access with the judge assigned to the case or with the chief judge if there is no assigned judge. Contact the friend of the court for further information.