

Thirty-Sixth Judicial Circuit Court

Van Buren County
Friend of the Court

Date: _____

REQUEST TO ACCESS FRIEND OF THE COURT RECORDS

TO: COURT ADMINISTRATOR/FRIEND OF THE COURT

FROM: Name: _____, Requesting Person

Mailing Address

Telephone Number(s) Home: () _____

Work: () _____

FAX: () _____

RE: CASE/DOCKET NUMBER: _____

NAMES ON DOCKET: _____

- A. I am a () attorney of record of a party
- () attorney of record of a minor
- () guardian ad litem
- () guardian
- () third-party custodian
- () party
- () protective services personnel
- () prosecuting attorney or agent of the prosecutor
- () OCS/FIA IV-D person
- () auditor

I am requesting access to Friend of the Court records as follows:

219 PAW PAW STREET PAW PAW, MI 49079 (269) 657-7734

B. Please briefly describe below the records for the above-noted case that you would like to access:

C. Please note the method of access that you wish to use pursuant to this request.

(CHECK THE APPROPRIATE BOX)

Personal inspection of records as noted in paragraph B above.

Obtain copies of file records (upon receipt of \$1.00 charge for each page reproduced), as noted in paragraph B above.

Obtain copies of computer records (upon receipt of a \$1.00 charge for each page reproduced), as noted in paragraph B above.

Oral transmission of the records by the Court Administrator/Friend of the Court or his/her designee, as noted in paragraph B above.

D. I understand that I may access Friend of the Court records as a matter of right only once a year. Additional access can be obtained only by a court order.

E. I hereby certify that this "REQUEST TO ACCESS FRIEND OF THE COURT RECORDS" is made pursuant to MCR 3.218 and the laws of the State of Michigan.

F. I request access in the (please check one)

A.M.

P.M.

Signature of Requesting Person

Written confirmation will follow after your request is fully evaluated.