Instructions to Remove Social Security Numbers and/or Personal Identifiers from Court Documents <u>AFTER MARCH 1, 2006</u>

Motion to Remove Social Security Number and/or Personal Identifiers In Court Documents Filed **AFTER** March 1, 2006

- 1. Locate documents in your file that have personal information you would like removed. This can be done by reviewing your file in person or ordering the documents online.
 - a. You must identify the following information:
 - i. Name of document.
 - ii. Date the document was filed with the court, look for "clerk time-stamp" on 1st page of document.
 - iii. Name of person whose information is to be redacted.
 - iv. Type of information to remove from court document (state SSN, DOB, account number, etc. do not put the actual information).
 - v. Page number and line number of document where the information is found.
- 2. There is a \$20 filing fee.
- 3. Fill out the attached motion. There must be a separate motion filled out for **each case** you would like to remove sensitive information from.
- 4. You do not need to fill out a notice of hearing or a praecipe. There will not be a formal hearing for this procedure.
- 5. Serve the motion on all counsel of record.
- 6. Fill out and file the attached proof of service with the court, after step 5 is completed.
- 7. If you would like to receive a copy of the signed order you must submit a **S**elf **A**ddressed **S**tamped **E**nvelope.
- 8. This process will take approximately 2-4 weeks.

Please note, requested information may or may not be removed from the court file(s), the decision to remove information is based on court rule and statute.

STATE OF MICHIGAN IN THE SIXTH JUDICIAL CIRCUIT COURT

Plaintiff v	······································	Circuit Court No. Hon.				
Defendar						
			URITY NUMBER AND/O LED AFTER MARCH 1,			
1. I am,	, and	my relationship to this cas	se is:			
□ Named party		□ Attorney for	□ Attorney for			
□ Next friend for		Guardian ad lite	☐ Guardian ad litem for			
□ Parent or Guardian for	r	Conservator for	□ Conservator for			
□ Personal representativ	e for					
□ Other,						
2. I ask this Court to re	move the following	lowing personal identifier(s) relying upon MCR 2.61	2, or		
MCR 6.435:						
□ Social Security Number □		□ Bank Account Number □ Insurance Contract Number				
□ Financial Account Number		□ Date of Birth □ Mother's Maiden Name				
□ Credit Card Number		□ Driver's License Numb	er 🗆 Other,			
from the following d	locuments an	d locations:				
Name of Document	Date Filed with the Court	Name of Person whose Information is to be Redacted	Type of Information to Remove from Court Document	Page / Line		

Name of Document	Date Filed with the Court	Name of Person whose Information is to be Redacted	Information Type to Remove from Court Document	Page/ Line
☐ See additional pag		1. 1.1		

- 3. I understand that this motion regarding personal identifiers will be considered to see if the information is required by statute, court rule, court order, or for some other legal reason.
- 4. I verify that I accurately identified myself and my relationship with this action and that the information in this notice is true and accurate to the best of my knowledge.

Date		

Approved, SCAO JIS CODE: POM

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROOF OF MAILING			CAS	E NO.
Court address					Court telephone no.
Plaintiff(s)		v	Defendant(s)		
Use Juvenile In the matter of Probate In the matter of					
On the date below I sent by first-class	mail a copy of				
to: List names and addresses.					
I declare that the statements above are true to the best of my information, knowledge, and belief.					
Date		Signat	ure		

Name (type or print)