

<b>STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY</b>	<b>REQUEST TO ACCESS FRIEND OF THE COURT RECORDS AND DECISION</b>	<b>DOCKET ID:</b>
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Friend of the Court Address and Telephone Number

OAKLAND COUNTY FRIEND OF THE COURT  
PO BOX 436012  
PONTIAC MI 48343-6012  
  
PHONE # 248-858-0424

Name and Mailing Addresses of Person Requesting  
Access to Records

\_\_\_\_\_  
Plaintiff's Name  
vs.

\_\_\_\_\_  
Defendant's Name

Telephone number(s) where you can be contacted  
during Friend of the Court normal business hours.  
(     )

All documents requested will be provided to the  
requester via e-mail. Please provide your e-mail  
address for response:

\*

1. Certify that on this case I am:

☐ a party                      ☐ a third party custodian                      ☐ a guardian                      ☐ guardian ad litem  
☐ an attorney of record

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. ☐ I would like the assistance of Friend of the Court to obtain a list of all document images stored on this case. (Flat charge of \$ .50 regardless of number of pages.)

☐ I have reviewed the list of document images and have identified those I wish to have assembled for my viewing.

☐ I have reviewed the list of document images and have identified those I wish to have printed and sent to me. (Payment of \$1.00 per page required.)

☐ I wish to receive an electronic copy of all non-confidential Friend of the Court document images stored on this case. (Flat charge of \$20.00)

\* This e-mail address will be added to your Friend of the Court record and can be used to send communications to you, including notices of hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature