

STATE OF MICHIGAN 38TH JUDICIAL CIRCUIT MONROE COUNTY	<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: 106 E. First Street, Monroe, MI 48161 Telephone number: (734) 240-7180

Fax number: (734) 240-7221

Name & mailing address of person requesting access to records:

  
  
  
  
  

\_\_\_\_\_  
Plaintiff name  
V

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

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

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

I certify that I am:

- |  |  |                                     |  |   |
|--|--|-------------------------------------|--|---|
| <input type="checkbox"/> a party                                     | <input type="checkbox"/> a third party custodian                                 | <input type="checkbox"/> a guardian | <input type="checkbox"/> a guardian ad litem | <input type="checkbox"/> an attorney of record                                  |
| <input type="checkbox"/> protective services personnel from FIA      | <input type="checkbox"/> a prosecuting attorney or agent of prosecuting attorney |                                     |  | <input type="checkbox"/> personnel assigned to carry out IV-D program functions |
| <input type="checkbox"/> personnel from Office of Child Support, FIA |  |                                     |  |   |
| <input type="checkbox"/> a state or federal agency auditor           |  |                                     |  |   |

I am interest in the following records: (describe briefly) \_\_\_\_\_

- 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: \_\_\_\_\_

Requested access will be provided as follows: Within ten (10) working days after receipt of check for copying costs.  
Date \_\_\_\_\_ Time \_\_\_\_\_ Details \_\_\_\_\_

Be sure to enclose a self-addressed stamped envelope.

Send \$ \_\_\_\_\_ for copying costs to 106 E. First St., Monroe, MI 48161. Make check or money order payable to Monroe County Friend of the Court.

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 assigned to the case or with the chief judge if there is not assigned judge. Contact the friend of the court for further information.