67th District Court Record / Copy Request

1. Date of Request: _____

2. Requested by:
   Name: _____
   Address: _____
   Phone #: (Best)_____

3. Specify the complete case number and/or party name(s):
   Case Number: _____
   Party Name: _____ vs. _____

4. Nature of Request:
   ☐ Review Record. (Specify the type of record such as case file, recording…etc.

5. If copies are requested, list type of record to be copied:
   ☐ Complete Case File (No non-public records will be available.)
   ☐ Specific Court Record. (List documents, recordings, etc. Use an additional page if necessary.)
   _____
   _____

PRICING:

$1/ PAGE PER COPY

$2/ PAGE FOR REGISTERS OF ACTION

$11 FOR CERTIFIED COPIES

FOR COURT USE ONLY:

____ COPIES X PER RECORD/PAGE CHARGE OF $_____

TOTAL CHARGE: $_____

PROCESSED BY: _____

DATE: _____

SEND REQUEST BY MAIL: 67TH DISTRICT COURT, 630 SOUTH SAGINAW ST FLINT, MI 48502
BY EMAIL: 67THHELP@GENESEECOUNTYMI.GOV