

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.)

☐ Obtain Copies.

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.)

**If records are not picked up within 30 days, request will be disposed of. For pre-paid orders, time for pickup may be extended. **

FOR COURT USE ONLY:

____ COPIES X PER RECORD/PAGE CHARGE OF \$ _____

TOTAL CHARGE: \$ _____

PROCESSED BY: _____

\$1 / PAGE PER COPY

DATE: _____

\$11 FOR CERTIFIED COPIES

SEND REQUEST BY MAIL: 67TH DISTRICT COURT, RECORDS DEPT. 630 SOUTH SAGINAW ST FLINT, MI 48502
OR BY EMAIL: 67THHELP@GENESEECOUNTYMI.GOV OR FAX 810-768-7912