67th District Court Record / Copy Request

1. Date of Request: _____
   (Request minumum turn around is 30 days)
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. (Hard copies only kept for 10 years)

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: _____

DATE: _____

$1 / PAGE PER COPY

$11 FOR CERTIFIED COPIES

$2 per page register of actions

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