Approved, SCAO

Original - Friend of the court
1st copy - Requesting person (request)
2nd copy - Requesting person (decision)

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST TO ACCESS FRIEND OF THE COURT RECORDS AND DECISION	CASE NO.

Friend of the court address and telephone no.

Plaintiff name

v

Defendant name

Name and mailing address of person requesting access to records

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

( )

( )

( )
Fax

1. I certify that I am
   - ☐ a party. ☐ a third-party custodian. ☐ a guardian. ☐ a guardian ad litem. ☐ an attorney of record.
   - ☐ counsel for a minor. ☐ lawyer-guardian ad litem. ☐ a state/federal agency auditor.
   - ☐ protective services personnel from DHS. ☐ a prosecuting attorney or agent of prosecuting attorney.
   - ☐ personnel from Office of Child Support, DHS. ☐ personnel assigned to carry out IV-D program functions.
2. I am interested in the following records: (Describe briefly.) _____
3. ☐ 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. ☐ Some of the information was confidential because of court rule, law, or court order.

☐ Other: _____

Requested access will be provided as follows: _____
Date Time Details

☐ Send $_____ for copying costs to _____. Make check or money order payable to _____.

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 judge assigned to the case or with the chief judge if there is no assigned judge. Contact the friend of the court for further information.