

3 B DISTRICT COURT

COPY AND FILE REVIEW REQUEST

Copies and case file viewing are allowed upon request. The case has to be listed in the court data base as a public case status. Non –public cases are closed to public viewing and copying.

- Requested copies are subject to a fee
 - Copy fees
 - \$.25 per page for court documents
 - \$10.00 per copy for certified copies & \$1.00 per each additional copy
 - Please allow 7 days for copy request
 - Return methods include mailing through United States Postal Service or personal pick up at the District Court Office

- Case viewing requires a pre-set appointment to assure case preparedness and clerical availability.
 - Case records may no longer physically be available due to the retention schedules. Electronic case register of actions can be produced when applicable.

Department telephone numbers:

- | | |
|-----------------------|--------------|
| • Criminal Department | 269-467-5585 |
| • Civil Department | 269-467-5505 |
| • Traffic Department | 269-467-5503 |
| • Fax number | 269-467-5611 |

Printable form is attached below.



STATE OF MICHIGAN
3-B DISTRICT COURT
ST. JOSEPH COUNTY

P.O. Box 67 Centreville, MI 49032-0067 (269) 467-5627
Hon. Jeffrey C. Middleton Hon. Robert K. Pattison
Administrator/Magistrate: Tabitha Wedge
Magistrates: Mark Books & Ryan Smith

COPY/REVIEW FILE REQUEST FORM

NOTE: MICHIGAN LAW DOES NOT REQUIRE THAT YOU PLACE YOUR NAME AND ADDRESS ON THIS FORM, HOWEVER, THE INFORMATION WILL FACILITATE THE HANDLING AND PROCESSING OF YOUR REQUEST.

Date of Request: _____

Requested by: NAME: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

CASE NUMBER: _____

NAME OF PARTIES: _____ vs. _____

Nature of Request: Review the File Obtain Copies (fee applies)

[If copies requested, list documents to be copied]:

- Entire File (except any legally excluded as non-public)
- The following specific documents:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

FOR COURT USE ONLY:

Number of Copies: _____ x cost per page: _____ = TOTAL AMOUNT CHARGED: _____.

Request handled by _____ Date: _____
Deputy Clerk/Court Staff