

<b>STATE OF MICHIGAN 45TH JUDICIAL CIRCUIT ST. JOSEPH COUNTY</b>	<b>REQUEST TO ACCESS FRIEND OF THE COURT RECORDS AND DECISION</b>	<b>CASE NO.</b>
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Friend of the Court address and telephone No.  
FRIEND OF THE COURT  
PO BOX 249  
CENTREVILLE MI 49032  
(269)467-5570

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 guardian  a guardian ad litem  an attorney of record  
 protective services personnel from FIA  a prosecuting attorney or agent of prosecuting attorney  
 personnel from Office of Child Support, FIA  personnel assigned to carry out IV-D program functions

2. I am interested in the following records: (describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\* **DECISION ON REQUEST** \*\*\*\*\*

- Request granted in full  Request granted in part  Request denied

Reason for partial request or denial: \_\_\_\_\_  
\_\_\_\_\_

Requested access will be provided as follows: \_\_\_\_\_  
Date Time Details

Send certified check or money order payable to: Friend of the Court; in the amount of \$ \_\_\_\_\_ for copying costs.

\_\_\_\_\_  
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.