

**PROBATE COURT
FILE/COPY REQUEST FORM**

1. Date of Request

2. Requested by: Name
Address

Telephone - Home
Office

3. Please specify the complete party name(s) and/or case number below, as well as other pertinent information:

Case Number

Party Name(s)

Date of Death or Event:

4. Nature of Request:

_____ Review File
_____ Obtain Copies

5. If copies are requested, list documents to be copied:

_____ Complete case file (except non-public court records)

_____ Specific documents (list documents below)

NOTE:

Michigan law does not require that you place your name and address on this form. This information is required to facilitate the processing of your request.

For Court Use Only

Copies _____ x \$1.00 per page

Total Charged:

Handled by _____ on _____
Clerk Date