

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	FILE/COPY REQUEST FORM	FILE NO.
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In the matter of: _____

Date of Request: _____

Requested by: _____

Name _____

Address _____

City, state, zip _____

Telephone Number _____

Nature of Request: Review File Obtain Copies Obtain certified copies

I request that the file be made available or copies completed before: _____.

Date _____

If copies are requested, list documents to be copied:

Complete case file

Specific documents as follows: _____

NOTE: The cost of copies will be \$1.00 per page and the cost of a certification is \$10.00 per document plus the cost of the copy. The entire cost of the copies will be payable prior to receipt of the copies.

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.

Do not write below this line – For court use only

Received by: _____

Copies _____ x \$1.00 per page

Certifications _____ x \$10.00 per certification

Total cost of copies: \$ _____

Total cost of certification: \$ _____

Total cost: \$ _____

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