

LIVINGSTON COUNTY 44TH CIRCUIT COURT
FILE/COPY REQUEST FORM

Case Name(s) _____ Case Number _____

vs _____

Requesting Party Information:

NAME _____

ADDRESS _____, _____

TELEPHONE _____

REQUEST FOR COPIES

NOTE: the Social Security Number Privacy Act, 2004 PA 454 applies to the public documents you are requesting to be copied. The Court must redact all social security numbers from photocopies, unless the request is for a "True" or "Certified" copy; **and**, the request requires that the social security number appear in the copied document, pursuant to Federal or State law, or, by Court Order.

Having read the above "Note", please complete the following.

___ I am not requesting a certified or true copy.

___ I am requesting a "Certified" / "True Copy" **and** further state that the:

___ Social Security Number is not required by law

___ Social Security Number "*is*" required by law

List documents requested for copying;

Date _____

Signature of Requesting Party

Certification Fee is \$10.00 per document. Copy Fee is \$ 1.00 per page.

Copies provided this date _____ Social Security Number redacted ___ Yes ___ No

By _____, Deputy Clerk Total Costs: _____ R# _____