

State of Michigan Circuit Court 7th Judicial Circuit Probate Court	REQUEST FOR COPY OF RECORDING	Case No.
--	--	-----------------

900 S. Saginaw St. Flint, MI 48502

(810) 424-4436

Plaintiff name(s)	v	Defendant name(s)
-------------------	---	-------------------

Judge	Date of proceeding	Time of proceeding
Type of proceeding		
Special instructions		

Agreement for Limited Use

I agree that the use of the CD is solely to assist me in the preparation of my case. I will not make a copy, release any portion to someone else or publicize or broadcast any portion in any public medium, pursuant to Local Administrative Order 2014-6J.

By signing this agreement, I acknowledge that any violation of this agreement may result in the issuance of an order to show cause why I should not be held in contempt of court.

Date

Signature

Name (type or print)

Address

City, State, Zip Telephone no.

*CD format - Windows media player required

FOR COURT USE ONLY:

Paid: Yes No Pay when video is picked up

Wait for check in mail

Date payment was received: _____

Cash Check Number _____ Amount \$ _____