

17TH District Court File/Copy Request Form

1. Date of request: _____

2. Requested by: Name: _____

Agency: _____

Address: _____

Phone: _____

3. Please specify the complete party name(s) and/or case number(s):

Case number(s): _____

Party name(s): _____

4. Nature of request: Review file _____ Obtain copies _____

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

Specify documents: _____

For court use only

Photocopies: _____ x \$1.00 per page = _____

Date: _____ Handled by: _____

Deputy Court Clerk