

STATE OF MICHIGAN MACOMB COUNTY 16TH JUDICIAL CIRCUIT	REQUEST FOR COPY OF VIDEO PROCEEDINGS	CASE NO.
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40 North Main, Mount Clemens, MI 48043

(586) 463-3462

Plaintiff Name(s)

 Juvenile/Neglect Case Name(s)

v

Defendant Name(s)

Please prepare _____ copy(ies) of video proceeding(s):
Number requested

Format requested: Videotape \$35.00 per day of proceedings
 CD-ROM \$25.00 per day of proceedings

Date(s) of proceeding(s): _____

Judge: _____

Date of Request: _____ Date Requested by: _____

Name of Person
Requesting Copy: _____

Address: _____

Phone No: _____

NOTE: If ordering **copies** of video proceedings, submit this form, along with a check or money order, **made payable to "Macomb County,"** to the Court Administrator's Office. **Please allow 3 – 5 business days for your request to be processed.**

If ordering **transcripts** of video proceedings, please contact Rebecca Russell at (586) 469-5047.