

**Macomb County Clerk Carmella Sabaugh's
Circuit Court Documents Order Form**
Complete and fax to the Macomb County Clerk File Room (586) 783-8184
Or mail to: Macomb County Clerk's Office, Attn: File Room, 40 North Main Street, Mount Clemens, MI 48043

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ E-mail address: _____
Mailing Address: _____ City, State, Zip: _____
Daytime phone number: _____ Fax number: _____

DOCUMENT INFORMATION

Type of document requested: divorce judgment civil judgment criminal sentence name search docket entry
 other (explain – be specific) _____

Case Number: _____ - _____ - _____ (if known) Approximate Date _____ - _____ - _____
To get case number, go to: <http://www.macombcountymi.gov/clerksoffice>

Parties Involved: Plaintiff: _____ v Defendant _____
Name Search: Print Name: _____ Print Name: _____
Print Name: _____ Print Name: _____

For additional name searches, attach a second sheet

PAYMENT / MAIL INFORMATION

COPY FEES: (select type of copy requested)

- Regular copies @ \$1.00 per page
- Certified copies @ \$10 plus \$1 per page
- Name searches @ \$1 per name
- Faxed copies \$10.00 plus \$1 per page

OTHER DELIVERY METHODS: (add appropriate fee if any)

- Overnight* \$24.00
- U.S. Mail first class..... FREE
- Pick up at Clerk's Office FREE

TOTAL COST:..... \$ _____

*Overnight – must be received before 1 pm or delivery may take up to 2 days.
Rates are higher outside of the U.S.

Type of credit card being used:

- VISA MasterCard Discover American Express

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date: _____ - _____

I authorize the Macomb County Clerk's Office to charge me the applicable fee
UP TO \$ _____ (if exact # of pages needed is unknown).

Cardholder Name (print):

Cardholder Signature (required):

*A receipt with your final costs will be mailed to you.
If additional forms are required, you will be contacted before charging.*

**For help completing this form call:
(586) 469-5199**

For additional forms:
In Michigan – (888) 99-CLERK
Out-of-State – (310) 575-5035
For a listing of all forms request
Document #1

Fax-on-Demand Doc #5000
Rev. 10/09