



REQUEST TO ACCESS FRIEND OF THE COURT RECORDS

Court Address

645 Griswold Street, Detroit, MI 48226

Phone No.

(844) 785-7593

This packet is to request copies of Friend of the Court records and/or case files on Paternity (DP), Family Support (DS), and Uniform Interstate Family Support Act (UIFSA) cases only.

DO NOT USE THIS FORM TO REQUEST:

- **ORDERS/RECORDS on DM, DO, DC, DX, DZ cases.** Copies of records on these cases must be obtained from the Wayne County Clerk, Record Room B-61 in the Coleman A. Young Municipal Center, 2 Woodward Avenue, Detroit, MI 48226. If you want to order and pay for these records by credit card, you can email your request to wcrecordroom@waynecounty.com.
Request forms and payments submitted to the Friend of the Court for these types of cases will be returned.
- **PAYMENT RECORDS.** Payment records are available at no cost. Payment records may be obtained by calling the FOC Call Center at (844) 785-7593.
- **TAPES OR TRANSCRIPTS OF REFEREE HEARINGS.** The forms to request a Referee hearing tape (FD/FOC4059) and/or transcript (FD/FOC4060) are available at www.3rdcc.org.

Instructions for Access to Friend of the Court Records on DS, DP, and UIFSA cases:

Enclosed in this packet are request forms to (1) request a copy of a specific order and (2) request a copy of an entire case file.

- **Request for Copies of Circuit Court Orders** form should be used when requesting a copy of a specific order. The cost is \$4.00 per order. The cost to have an order certified is an additional \$10.00 (or \$14.00 total per certified order).
- **Request for Copy of Friend of the Court Case File** form should be used when requesting a copy of the entire case file. The cost is \$20.00 for the entire file.

The request form and payment (or fee waiver) may be submitted by mail or electronically.

- **Mail** – The request form and payment may be submitted by mail to the Wayne County Friend of the Court, P.O. Box 31-1443, Detroit, MI 48231-1405. Please make sure that you read the form carefully, and fill it out legibly, to ensure efficient processing of your request. Payment may be made by cash or money order made payable to the Wayne County Treasurer. Personal checks are not accepted. Attorney checks are accepted.
- **Electronically** – Payment may be made online using a credit or debit card at <https://www.govpaynow.com/gps/user/plc/8470>. Save a copy of the receipt confirming payment, attach the receipt to your request form, and email to FOCRecordRoom@3rdcc.org.

Payment is required before the copies will be made unless you obtain a [Fee Waiver](#). The copy fee is non-refundable.

The Friend of the Court will make every effort to respond to your request in a timely manner. You can anticipate your copies being mailed to you within two weeks of the date the request form and payment is received by the Friend of the Court.

Michigan Court Rule 3.218 outlines what Friend of the Court records may be released, and who they may be released to. If you are not granted access to a Friend of the Court record, you may file a motion before the judge assigned to your case, or if none, the chief judge, requesting an *Order of Access*.



REQUEST FOR COPIES OF CIRCUIT COURT ORDERS DS, DP, and UIFSA CASES ONLY

Court Address
645 Griswold Street, Detroit, MI 48226

Phone No.
(844) 785-7593

Return this completed Request by mail to:
Wayne County Friend of the Court
645 Griswold – P.O. Box 31-1443
Detroit, Michigan 48231-1405

Plaintiff name
VS

Defendant name

Telephone number(s) where you can be contacted during normal business hours.

() _____
() _____
() _____

Name and address of person requesting access to records
P-number, if attorney:

1. I certify that I am a party guardian attorney of record for party _____
 third-party custodian guardian ad litem or counsel for a minor OTHER _____
NAME OF PARTY

2. I need a copy of the following Court Order(s):
 Custody Order _____ Support Order _____ Income Withholding Order _____
APPROXIMATE DATE APPROXIMATE DATE APPROXIMATE DATE
 Interstate Order _____ Order of Filiation (Paternity) _____ Judgment of Divorce _____
APPROXIMATE DATE APPROXIMATE DATE APPROXIMATE DATE
 Other (specify) _____ APPROXIMATE DATE _____

I would like _____ copy/copies of the requested order(s) upon receipt by Friend of the Court for the copying fee of \$4.00 per order.
 I would like a certified order. Certification Fee: Add \$10.00 per order.

PAYMENT OPTIONS: Money Order Cashier's Check Fee Waiver

3. You **MUST** send this completed form, with correct payment, to the above Post Office address. If the fee was waived, you must include a copy of the Chief Judge signed fee waiver with your request.

4. I understand that the fee paid for this service is non-refundable and that my request will be processed within a timely manner. However, if the documents are not readily available, they will be provided as soon as they become available.

DATE SIGNATURE

RECEIVED \$ _____ CASH OTHER # _____

BY: _____ ON _____
FRIEND OF THE COURT EMPLOYEE DATE

COPIES WERE MAILED TO REQUESTING PERSON BY _____ ON _____
NAME OF EMPLOYEE DATE



REQUEST FOR COPY OF FRIEND OF THE COURT CASE FILE DS, DP, and UIFSA CASES ONLY

Court Address
645 Griswold Street, Detroit, MI 48226

Phone No.
(844) 785-7593

Return this completed Request by mail to:
Wayne County Friend of the Court
645 Griswold – P.O. Box 31-1443
Detroit, Michigan 48231-1405

Name and address of person requesting access to records
P-number, if attorney:

Plaintiff name
VS

Defendant name

Telephone number(s) where you can be
contacted during normal business hours.

() _____
() _____
() _____

1. I certify that I am a party guardian attorney of record for party _____
NAME OF PARTY
 third-party custodian guardian ad litem or counsel for a minor OTHER _____

2. I request a copy of the following records in the Friend of the Court (FOC) file: (describe briefly, with dates) for a flat fee of \$20.
(DO NOT USE THIS FORM TO REQUEST TAPES OR TRANSCRIPTS OF REFEREE HEARINGS.)

3. You **MUST** send this completed form, with correct payment, to the above Post Office address. If the fee was waived, you must include a copy of the Chief Judge signed fee waiver with your request.
4. I understand that the \$20 fee is non-refundable and that my request will be processed in a timely manner. However, if the documents are not available, they will be provided as soon as they become available.

DATE SIGNATURE

FRIEND OF THE COURT RESPONSE—TO BE COMPLETED BY FRIEND OF THE COURT. DO NOT WRITE BELOW THIS LINE.

Request granted in full Request granted in part Request denied
Explanation: _____

Any person denied access to records or confidential information may file a Motion for an Order of Access with the Judge to whom the case is assigned or with the Presiding Judge of the Family Division if there is no assigned Judge. See Michigan Court Rule 3.218 for more information regarding access to Friend of the Court records.

DATE SIGNATURE OF FRIEND OF THE COURT EMPLOYEE

RECEIVED \$20.00 CASH OTHER # _____
BY: _____ ON _____
FRIEND OF THE COURT EMPLOYEE DATE

COPIES WERE MAILED TO REQUESTING PERSON BY _____ ON _____
NAME OF EMPLOYEE DATE