STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT **OAKLAND COUNTY**	**REQUEST FOR DUPLICATION OF VIDEORECORDING**	CASE NO.

Telephone: (248) 452-2159

1. In the matter of _____

2. ☐ COPY OF VIDEOTAPE *(hearings held prior to 12/30/2005)*

   ☐ COPY OF CD* *(hearings held after 1/3/06)*

Cost is **$20.00** per date requested – cash, money order, or cashier checks only, made out to: Oakland County Circuit Court **(no personal or third party checks accepted).**

Payment must be made upon ordering.

Hearing dates: _____

Judge: _____

3. My relationship to this case is: _____

4. Please provide a specific reason for your request if you are not a party or attorney to this case.
If you are not a party or attorney to this case, this form must be approved by the judge. _____

SIGNED: _____

CD or VIDEOTAPE TO BE (please circle one only) :
MAILED (No Charge) or PICKED UP

PRINT/TYPE NAME: _____ ADDRESS: _____

PHONE NUMBER: ( ) _____

DATE: _____

COMMENTS: _____

*****CD's are formatted to be compatible with a personal computer. They are not operational in DVD players or audio CD players.

To Drop Off Form and Payment:
Court Administrator's Office
2nd Floor West Wing

To Mail Form and Payment:
Court Administrator's Office
Attn: Video Clerk
1200 N. Telegraph Road, Dept 404
Pontiac, MI 48341

FOR JUDICIAL USE ONLY

NON PARTY REQUEST FOR VIDEOTAPE COPY:

PERMISSION IS ( ) GRANTED ( ) DENIED

_____ _____
Date Judge

COURT ADMINISTRATOR'S OFFICE USE ONLY

Date money received for videotape copy: _____ Amount $ _____

Cash _____ Check # _____

Other Information/Comments: _____

Date Called for Pickup or Date Mailed _____