

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY	Comments/Complaints on Transcripts from Videotape Copy	CASE NO.
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1. In the matter of _____

2. I requested an original plus _____ Copies, by _____

Hearing dates: _____

Judge/Referee: _____

3. My relationship to this case is: _____

4. Reason for request, please be specific: _____

5. Timeliness of receipt of transcripts: _____

6. Accuracy of transcripts: _____

7. Ease of payment on deposit or final payment: _____

8. Other comments: _____

SIGNED: _____ ADDRESS: _____

PRINT/TYPE NAME: _____

PHONE NUMBER: () _____

DATE: _____ E-MAIL: _____

Mail to: Court Administrator's Office, Attn: Video Clerk, 1200 N. Telegraph Road, Dept 404, Pontiac, MI 48341
Or Fax to: Video Clerk: 248-858-1516

COURT ADMINISTRATOR'S OFFICE USE ONLY

Transcribing Company: _____

Date original request was faxed to
transcribing company: _____