

MACOMB COUNTY PROBATE COURT

Please

Print or Type

Request to Review Files

Last Name	First Name	Bar #
Firm/Company		
Address		
City/State/Zip		
Telephone		Fax
Date of Request <input type="checkbox"/>	Pick-up/Review Date	
Case Number (Required)	Last Name (Required)	First Name (Required)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Files are being requested for:

- Guardianship Review
 Miscellaneous Review
 Other

To ensure that files will be ready for pick-up **one full business day** after a faxed request, please limit request to a maximum of **TEN** files.

Files will be returned if not picked-up within **three full business days** of request.

Inactive files stored off-site will not be ready for **one week** after request.

We will make every effort to comply with all requests but reserve the right to limit the number of requests per day.

PLEASE SUBMIT THE COMPLETED REQUEST TO:

MACOMB COUNTY PROBATE COURT
 21850 DUNHAM ROAD
 MT. CLEMENS, MI 48043
OR FAX: (586) 783-0971

FILES CAN BE PICKED UP AT THIS LOCATION
 DO NOT WRITE BELOW THIS LINE – FOR COURT USE ONLY

Request filed by: _____

Date: _____