

STATE OF MICHIGAN 9TH CIRCUIT COURT KALAMAZOO COUNTY	REQUEST TO DUPLICATE VIDEO RECORDING	CASE NO.
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Court Address Court Telephone No.
 FAMILY DIVISION – 1536 GULL ROAD, KALAMAZOO, MI 49048 (269) 385-6000
 TRIAL DIVISION – CRIMINAL – 227 W. MICHIGAN AVENUE, KALAMAZOO, MI 49007 (269) 383-8837
 TRIAL DIVISION – CIVIL – 150 E. CROSSTOWN PARKWAY, KALAMAZOO, MI 49001 (269) 383-8837

Plaintiff	v	Defendant
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In the Matter of: _____

Video Copy Request

- a. I request a copy of the video recording for the following court event(s). I understand that the cost of reproduction is \$20.00 per DVD and that I must pay for all video recordings before a copy will be produced. Please note that discs are formatted to be compatible with a personal computer. They are not operational in DVD players or audio CD players.
- b. I will pick up the copies
- c. Please mail the copies
(Mailing fee of \$5.00 for 1 to 4 discs; mailing fee of \$10.00 for 5 or more discs.)
- d. Payment of \$_____ is enclosed (check or money order made payable to "9th Circuit Court")

You will be notified when the copies are available.

(please type or print legibly)

INFORMATION FOR REQUEST

1.	DATE OF COURT EVENT: _____	JUDGE/REFEREE: _____
	TYPE OF HEARING: _____	
	RECORDING NUMBER (if known): _____	TIME (if known): _____ - _____
2.	DATE OF COURT EVENT: _____	JUDGE/REFEREE: _____
	TYPE OF HEARING: _____	
	RECORDING NUMBER (if known): _____	TIME (if known): _____ - _____
3.	DATE OF COURT EVENT: _____	JUDGE/REFEREE: _____
	TYPE OF HEARING: _____	
	RECORDING NUMBER (if known): _____	TIME (if known): _____ - _____

Requester's Name (please print): _____

Requester's Signature: _____

Requester's Address: _____

Requester's Email Address: _____
(street address or P.O. box, city, state, zip code)

Date: _____ Requester's Daytime Telephone No: (_____) _____

Date needed: _____ (Delivery date cannot be guaranteed.)

Submit completed request and payment to the 9th Circuit Court Clerk's Office at the applicable court address above.

For Court Use Only

Called requester to pick up copies on _____ at _____ a.m. / p.m. Clerk initials _____

AMOUNT DUE: \$_____ PAID BY: CHECK MONEY ORDER CASH CREDIT CARD _____

Clerk initials _____

Duplicated video was mailed on _____, per requester's instruction. Clerk initials: _____