

## How to Request Access to the Friend of the Court Records

To request access to Friend of the Court records, please fill out the attached form.

### Submit Online (Payment will have to be made separately)

#### Computer/Laptop

1. Fill out the form below in a pdf viewer, such as Adobe Reader ([available for free here](#))
2. After you have filled out the form and signed it with your electronic signature, save the form and then go to the [FOC Form Submissions Page](#).
3. Fill in your name, email address, phone number, and case number on the Form Submission page. Attach your completed form at the bottom of the page by clicking the "Choose File" button. NOTE: There is a file size limit of 2MB, and only PDF, JPG, and PNG files are accepted.

#### Smart Phone

1. Install the [Adobe Acrobat Reader App](#) on your phone, for free.
2. Open the form, using the Adobe Acrobat Reader App. You can then fill in, sign and save the form on your phone.
3. After you have completed the form, save and then go to the [FOC Form Submissions Page](#).
4. Fill in your name, email address, phone number, and case number on the form submission page. Attach your completed form at the bottom of the page. NOTE: There is a file size limit of 2MB, and only PDF, JPG, and PNG files are accepted.

### Submit by Mail

You can fill out the form, print it, sign it and mail it to our office, with payment:

**Kent County Friend of the Court  
82 Ionia NW, STE 200  
Grand Rapids, MI 49503**

### Submit Through Drop Box at 82 Ionia

You can fill out the form, print it, sign it and drop it off in the drop box on the **first floor of 82 Ionia Ave NW, Grand Rapids, 49503**. Be sure to include your payment. The drop box is located just past the security checkpoint.

### Submit Through MiChildSupport

You can also submit this form through your MiChildSupport case using the 2-way communicator. Visit: [www.michigan.gov/michildsupport](http://www.michigan.gov/michildsupport).

### Cost

**Payment.** Payment must be made when you request the file. You can pay at the FOC lobby window or use the drop box. Payment must be cash, money order or certified check payable to Kent County Friend of the Court and indicating CD/copies.

**File Cost.** The cost is \$10.00 per CD for the complete file. If your file is large, it may require more than one CD. We will notify you if more than one CD is needed. Add an additional \$5.00 if receiving CD through mail.

**Document Cost.** If you only want certain documents, the cost is \$1.00 per page. If the number of documents exceeds 10, the documents will be scanned to a CD. Add an additional \$5.00 if receiving documents through mail.

## How to Retrieve Your CD/Copies

- We will contact you when your CD or copies are ready.
- You may **pick up** your CD/copies at the FOC.
- If you would like your **CD/copies** mailed to you, please note that we must send it to you as certified mail with return receipt per Local Administrative Order 2017-05. **The cost will be an addition \$5.00.**

---

*Please indicate below whether you will be picking up your file at the FOC or would like it mailed to you. Include this sheet with your request. Or you may email us this information at [FOC.Mail@kentcountymi.gov](mailto:FOC.Mail@kentcountymi.gov). Please include your case number in the subject line of your email.*

- I will pick up my CD/copies at the FOC
- I would like my CD/copies mailed to me. I have included the \$5.00 mailing fee.

I can be reached the at this phone number: \_\_\_\_\_

---

STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT Kent COUNTY	REQUEST TO ACCESS FRIEND OF THE COURT RECORDS AND DECISION	CASE NO.
---	--	----------

Friend of the court address and telephone no.  
 KENT COUNTY FRIEND OF THE COURT  
 82 IONIA AVENUE NW STE 200  
 GRAND RAPIDS, MI 49501-0351  
 (877) 543-2660

Plaintiff name

v

Defendant name

Name and mailing address of person requesting access to records

Telephone number(s) where you can be contacted during the friend of the court's normal business hours.

( )

( )

( )

Fax

1. I certify that I am \_\_\_\_\_, an individual entitled to access records. (See instructions on other side.)  
(Specify)

2. I am interested in the following records: (Describe briefly.) \_\_\_\_\_

- 3.  a. I would like to personally inspect the requested records.
- b. I would like copies of the requested records upon receipt by the friend of the court of the copying fee.
- c. I would like to have the friend of the court or designated employee describe or read the requested information to me by telephone or in person.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**DECISION ON REQUEST**

- Request granted in full.
- Request granted in part.
- Request denied.

Reason for partial request or denial.  Some of the information was confidential because of court rule, law, or court order.

Other: \_\_\_\_\_

Requested access will be provided as follows: \_\_\_\_\_  
Date Time Details

Send \$ \_\_\_\_\_ for copying costs to \_\_\_\_\_. Make check or money order payable to \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Any person denied access to friend of the court records or confidential information may file a motion for an order of access with the judge assigned to the case or with the chief judge if there is no assigned judge. Contact the friend of the court for further information.