

REQUEST FOR AUDIO / VISUAL RECORDING

Washtenaw County Trial Court – Court Services – Records
101 E Huron Street - PO Box 8645, Ann Arbor, MI 48107-8645
(734) 222-3024

Send form and payment to: Washtenaw County Trial Court

Case Number			
Case Name			
Plaintiff Attorney, Bar Number, Address and Telephone Number		Defendant Attorney, Bar Number, Address and Telephone Number	
Judge	Court Room	Hearing Date	Type of Proceeding
***** THIS WILL NOT BE A TRANSCRIPT *****			
Note: Please allow a minimum of 48 hours to process your request.			

SELECT TYPE
<input type="checkbox"/> CD - \$20.00 per hearing
<input type="checkbox"/> Flash Drive - \$25.00 per hearing
SELECT METHOD
<input type="checkbox"/> I will pick-up the recording in person
<input type="checkbox"/> Please mail the recording to me

Signature Date

Printed Name

Address

City, State, Zip Code

Phone Number

Signature of Recipient: _____ Date: _____