Macomb County Clerk's Office Circuit Court Documents Order Form

Complete and fax to the Macomb County Clerk File Room (586) 469-5365

or mail to: Macomb County Clerk's Office, Attn: File Room, 40 North Main Street, Mount Clemens, MI 48043 or E-mail to: fileroom@macombgov.org

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ E-mail address: _____

Mailing Address: _____ City, State, Zip: _____

Daytime phone number: _____ Fax number: _____

DOCUMENT INFORMATION

Type of document requested: ☐ divorce judgment ☐ civil judgment ☐ criminal sentence ☐ name search ☐ docket entry ☐ with exhibits ☐ transcript ☐ other (explain – be specific) _____

_____

_____

Case Number: ___ ___ ___ ___ - ___ ___ ___ ___ ___ ___ - ___ ___ (if known) Approximate Date ___ ___ - ___ ___ - ___ ___ ___

___ To get case number, go to: courtpa.macombgov.org

If you do not have your case number, you will be charged for a State Name Search Result Letter ($2.00)

Parties Involved: Plaintiff: _____ v Defendant _____

ORDER INFORMATION

SELECT TYPE OF COPY REQUESTED:

☐ Regular copies ($2 per page)

☐ Certified copies ($10 plus $2 per page)

☐ Authenticated copies ($10 plus $2 per page)

☐ State Name Search Result Letter ($2 per name)

☐ Faxed copies ($10 plus $2 per page)

☐ Register of Actions ($2 per page)

DELIVERY METHODS:

☐ E-mail (no additional charge)

☐ U.S. Mail first class (no additional charge)

☐ Pick up at Clerk's Office (no additional charge)

☐ Expedited (Your order processed ASAP) -- $32.00

Type of credit card being used:

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number:

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date: ___ ___ - ___ ___ Billing Zip Code ___ ___ ___ ___ ___

CVV (3 digit security code on the back of the card) ___ ___ ___

I authorize the Macomb County Clerk's Office to charge me up to this amount for the documents I have selected $_____.

Cardholder Name (print):

_____

Cardholder Signature (required):

_____

A receipt with your final costs will be mailed to you.
If additional funds are required, you will be contacted before your credit card is charged.

For help completing this form call:
(586) 469-5199

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