

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF WAYNE

REQUEST FOR AND
RECEIPT OF TRANSCRIPT

FILE NO.

In the matter of _____

REQUEST FOR VIDEO DISK RECORD

Please prepare and release to the Certified Court Reporter whom I designate a Video Disk Record of the following proceedings in the aforementioned case:

Date(s) of Proceedings: _____

Date Requested: _____

Probate Judge: «case_jdg_nm» _____

Requested by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

RECEIPT OF VIDEO DISK RECORD

I am a Certified Court Reporter and am in receipt of the Video Disk Record of the following proceedings in the aforementioned case:

Date(s) of Proceedings: _____

Date Received: _____

I acknowledge receipt and accept the terms thereunder of the Court Order Regarding Use of Video Disk Record and understand that any violation of this Order shall constitute grounds for holding me in contempt of court. I further understand I may only demand or receive per page for a transcript ordered by any person the sum of \$1.75 per original page and 30 cents per page for each copy, unless a lower rate is agreed upon per MCL 600.2543 and MCL 600.878.

Name (printed): _____

Certification No. _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Email: _____

Do not write below this line - For court use only

Date Video Disk Record returned to Clerk: _____ Clerk's Initials: _____