

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF WAYNE

REQUEST FOR HEARING RECORD AND  
TRANSCRIPT

FILE NO.

In the matter of \_\_\_\_\_

**REQUEST FOR HEARING RECORD**

Please prepare and release to the Certified Court Reporter whom I designate a copy of the video record of the following proceedings in the aforementioned case:

Date(s) of Proceedings: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Probate Judge: \_\_\_\_\_

Requested by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**AGREEMENT OF CERTIFIED COURT REPORTER**

I am a Certified Court Reporter and request an electronic copy of the hearing record of the following proceedings in the aforementioned case. I consent to receive the electronic copy of the hearing record to my email listed below. I understand that access to the electronic copy of the hearing record will expire after 90 days of issuance.

I agree to promptly file a certified copy of the transcript with the Wayne County Probate Court once completed pursuant to MCR 8.108(F).

I agree that I will not release, copy, broadcast, televise, record, or duplicate in any other manner the video record. I understand I may only demand or receive per page for a transcript ordered by any person the sum of \$3.75 per original page and 90 cents per page for each copy, the minimum charge for a transcript is \$50.00 for the original and 90 cents for any copy requested per MCL 600.2543 and MCL 600.878. I understand that any violation of the Court's Order regarding same shall constitute grounds of holding me in contempt of court.

Name (printed): \_\_\_\_\_

Certification No. \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do not write below this line - For court use only