

# Request to Review Files for Guardianship Reviews

<b>Last Name:</b>		<b>First Name:</b>	
<b>Bar No.:</b>		<b>Date of Request:</b>	
<b>Telephone #:</b>		<b>Email:</b>	

<u>Case Number</u> (Required)	<u>Case Name</u> (Required) Last Name, First Name	<u>Entire</u> <u>File?</u>	<u>Specific Documents</u> (Please list documents or specify filings after a certain date)
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	
7.		<input type="checkbox"/>	
8.		<input type="checkbox"/>	
9.		<input type="checkbox"/>	
10.		<input type="checkbox"/>	
11.		<input type="checkbox"/>	
12.		<input type="checkbox"/>	
13.		<input type="checkbox"/>	
14.		<input type="checkbox"/>	
15.		<input type="checkbox"/>	

\*We will make every effort to comply with all requests but reserve the right to limit the number of requests per person per day.

**Copies will be provided via email within 3-5 business days of receipt of the request.**

**PLEASE SUBMIT THE COMPLETED REQUEST TO:**

**Fax: (313) 967-4041 or [filedept@wcpc.us](mailto:filedept@wcpc.us)**