

COPY REQUEST FORM

CASE NUMBER _____

CASEWORKER _____

MAN'S NAME _____

S.S. NO. _____

BIRTHDATE _____

WOMAN'S NAME _____

S.S. NO. _____

BIRTHDATE _____

CHILD(REN) 'S NAME (S):

_____ S.S. NO. _____ D.O.B. _____

_____ S.S. NO. _____ D.O.B. _____

_____ S.S. NO. _____ D.O.B. _____

_____ S.S. NO. _____ D.O.B. _____

I hereby request a copy of the following records contained in my file:

I understand that I must pay to the Genesee County Treasurer, on Account Number 215-1420-75020, the costs of reproduction (\$1.00 per page, per copy, plus postage) and present the receipt to the Friend of the Court before copies will be made and mailed to me.

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