

# 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](mailto: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](http://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)
- Transcripts (\$.30 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) -- \$24.00

### 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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