

STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY	TRANSCRIPT REQUEST	CASE NO.
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Submit Transcript Request to: **Kalamazoo County Probate Court**
1536 Gull Road
Kalamazoo, MI 49048

Or by email at kalamazooprobate@kalcounty.com

Phone: 269-383-8666

IN THE MATTER OF: _____

I request a transcript of the following court event(s) for this case. I understand that the original transcript will be filed with the court and I will receive a copy. The statutory fee for transcript production is \$1.75 per page for the original transcript and 30¢ per page for each copy of the transcript. I understand that I must pay for all transcripts prepared as a result of this request.

1. DATE OF COURT EVENT: _____ JUDGE/REGISTER: _____
TIME OF EVENT: _____ VIDEO NUMBER (if applicable): _____
TYPE OF EVENT: _____
DATE TRANSCRIPT NEEDED: _____ **Transcript is needed for appeal**

2. DATE OF COURT EVENT: _____ JUDGE/REGISTER: _____
TIME OF EVENT: _____ VIDEO NUMBER (if applicable): _____
TYPE OF EVENT: _____
DATE TRANSCRIPT NEEDED: _____ **Transcript is needed for appeal**

Please attach a second sheet for any additional requests as needed.

REQUESTED BY: _____

ADDRESS: _____

PHONE NUMBER(S): (____) _____

E-MAIL ADDRESS: _____

REQUESTER'S SIGNATURE: _____ DATE OF REQUEST: _____

For Court Use Only