



MUSKEGON COUNTY FAMILY COURT
JUVENILE REQUEST FOR RECORDS FORM
FOR CASE TYPES ENDING IN: DJ, DL, JG, NA, PJ, TL, VF

Send completed form to: familycourtservices@muskegoncounty.net **OR**
Mail form to: Muskegon County Family Court, 990 Terrace St. Ste. 300, Muskegon, MI 49442

DATE OF REQUEST: _____

REQUESTED BY: **NAME:** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

CASE FILE INFORMATION:

CASE NUMBER: _____

JUVENILE'S NAME(S): _____

NATURE OF REQUEST:

REVIEW FILE:

OBTAIN ELECTRONIC/EMAIL COPIES:

OBTAIN PAPER COPIES (\$1 per page):

WHAT IS YOUR RELATIONSHIP TO THIS CASE?

(Ex. Juvenile, Parent, Guardian, Attorney, Law Enforcement, Court, Tribe, MDOC, Military, Federal/State Agency)

WHAT DOCUMENTS ARE YOU REQUESTING? (Please be specific)

Office Use Only:

Approved

Denied (Requesting party can file a motion with the court for special approval)

Date: _____ Family Court Staff Name: _____