

Request for Copy of Payment History

Party Name: _____

Date: _____

Check one:

Please mail my copy to me, I have included payment (*pay history can't be faxed/mailed)
 (payment must be in cash or money order; personal checks will not be accepted)

***If cash is mailed, please send exact amount, as change will not be mailed to you.**

I will pick my copy up at the FOC office

Mailing Address: (if to be mailed)

Phone Number: _____

Docket Numbers:

Other Parties Name:

_____	_____
_____	_____
_____	_____

Name of Agency Requesting these records:

Number of months to be included in history report: 12 18 24

Other: _____

Each party to a case is provided one payment history, free of charge, per calendar year. Thereafter, the party will be charged \$1.00 per page. Payment must be made at the time of the request. Support staff will provide you with the number of pages for which you must pay. ***Clients may obtain payment history, free of charge, on MiCase.mi.gov**

Client Signature: _____

FOC Staff Only	
Number of pages:	Fee Collected: \$
Date:	Signature:

Client Receipt for Payment History

Client Name: _____

Docket Number(s): _____

Fee paid: _____ Date: _____

Friend of Court Staff Signature: _____