

86th DISTRICT COURT
FILE REVIEW/COPY REQUEST

Requestors must provide a specific case number, or the party names, or party name with date of birth.

**If requestor is providing a name and date of birth instead of a case number,
the date of birth must be provided on the attached MC 97a form.**

Case indexes can be reviewed at the public access terminal in the courthouse or online at:

http://districtcourt.co.grand-traverse.mi.us/c86_cases/

<u>Case Number</u>	<u>Party Names</u>	<u>Date of Birth</u>
1. Case # _____	Party Names: _____ vs _____	<input type="checkbox"/> See MC 97a
2. Case # _____	Party Names: _____ vs _____	<input type="checkbox"/> See MC 97a
3. Case # _____	Party Names: _____ vs _____	<input type="checkbox"/> See MC 97a
4. Case # _____	Party Names: _____ vs _____	<input type="checkbox"/> See MC 97a
5. Case # _____	Party Names: _____ vs _____	<input type="checkbox"/> See MC 97a

- Review only (in person only)**
- Copies requested - \$2.00 per page**
- Certified Copies requested - \$10.00 per case (\$2 per additional page)**

Requestor's Contact Information:

Name _____

Address: _____

Phone: _____

Email: _____

I am requesting the above files, and I am:

- An Identified Party in the Case (Photo ID required)
- Not a Party to the Case (Protected Information will be redacted)
- Not a Party to the Case, but I have written consent from a Party. (Consent with copy of Photo ID required)
- A SCAO Authorized Individual (Photo ID matching name as shown on SCAO list required)

Today's Date: _____ Requestor's Signature* _____

*By signing above, the requestor acknowledges that they are aware Protected Personal Identifying Information (P-II) is non-public and will not be included in files or copies provided, unless the requestor is SCAO Authorized; a party to the case; or the requestor provides written consent from a party to the case. Photo ID is required from parties to access P-II. P-II includes dates of birth, Social Security Numbers, and Driver's License and State ID numbers.

No more than 5 specific case files can be requested per day.

Requests will be accommodated **within 48 hours** unless the files are not in the active file area.

Requests for case records in storage will be accommodated **within 10 business days**.

A Written Consent form is attached, and requires a copy of the party's ID.

See the attached memo for more information on requesting general record checks.

For more information, see LAO 2022-06 on the court's website at:

<https://www.gtcountymi.gov/2206/86th-District-Court>

District Judges

ROBERT A. COONEY
(231) 922-4543

MICHAEL S. STEPKA
(231) 922-4579



STATE OF MICHIGAN
86th Judicial District Court
GRAND TRAVERSE • LEELANAU • ANTRIM COUNTIES

GRAND TRAVERSE COUNTY
280 Washington Street, STE. 121
Traverse City, Michigan 49684
(231) 922-4580
Fax (231) 922-4454
Probation Fax (231) 922-6889

LEELANAU COUNTY
8527 E. Government Center Dr. STE. 201
Suttons Bay, Michigan 49682
(231) 256-8250
Fax (231) 256-8275

ANTRIM COUNTY
P.O. Box 597
Bellaire, Michigan 49615
(231) 533-6441
Fax (231) 533-6322
Probation Fax (231) 533-6822

MEMORANDUM

TO: Persons Requesting General Records Checks
FROM: Dawn Wagoner, Court Administrator

Please be advised that per 86th District Court Local Administrative Order 2022-06, a specific case number or the party names are required to provide the information that you have requested.

If you do not have a specific case number or case name, the following options are available:

1. You may review available case indexes on the 86th District Court website to identify and select specific cases for inspection.
2. A more complete record check may be requested by writing the appropriate state agency. Both the Michigan State Police and Department of State maintain computer information expressly for this purpose.
 - a. To obtain a Criminal Record Check either contact the Michigan State Police Central Records Division at 517-241-0606 or go to the Michigan State Police Website at www.michigan.gov/ichat to obtain information on how to use the Internet Criminal History Access Tool (ICHAT).
 - b. To obtain a Driving (Traffic) Record contact the:

Michigan Department of State
Commercial Look-up Unit
7064 Crowner Drive
Lansing, Michigan 48918
Telephone: 517-322-1624

Once you receive complete record checks, you may be able to contact the appropriate police agency or court listed on the records to obtain case-specific information.

The 86th District Court regrets that it cannot reasonably accommodate your request at this time. If you have any additional questions, please contact the court at (231)922-4580.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

STATE OF MICHIGAN JUDICIAL DISTRICT	WRITTEN CONSENT TO DISCLOSE PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
86th		

Court address no.	Court telephone
280 Washington St., Traverse City, MI 49684	231-922-4580

Plaintiff's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney, bar no., address, and telephone no.

In the matter of

Nonparty's name, address, and telephone no.

Nonparty's attorney, bar no., address, and telephone no.
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This form is to be used to provide written consent to disclose protected personal identifying information. There is no fee for this request. The completed form will be maintained as verification of request. A copy of the party's ID is required.

1. I, am filing this request to provide consent to _____
disclose my personal identifying information to _____ with _____
Telephone number of () _____ I may be contacted directly at () _____ to
confirm. A copy of my ID is attached for verification. (This is required.)

1	Date of birth	
2	National ID no. / Last 4 digits of SSN XXX-XX-_____	
3	Driver's License / State-issued ID no.	
4	Passport no.	
5	Financial institution	Account no.
6	Financial institution	Account no.

3. The document(s) containing my protected personal identifying information is/are listed below. **I REQUEST** that the PII identified below be disclosed.

Instructions: List the name of the document containing PII, the date the document was filed, the paragraph number(s) (Para. No.) of the document that references the PII (if applicable), and the line number of the PII you want disclosed.			
Document Name	Date filed	Para. No(s).	PII line no.
Document Name	Date filed	Para. No(s).	PII line no.
Document Name	Date filed	Para. No(s).	PII line no.
Document Name	Date filed	Para. No(s).	PII line no.
Document Name	Date filed	Para. No(s).	PII line no.
Document Name	Date filed	Para. No(s).	PII line no.
Document name	Date filed	Para. No(s).	PII line no.

_____ Date

_____ Requestor's signature