



Third Judicial Circuit Court
Wayne County Friend of the Court

ATTORNEY ACCESS TO FOC FILE FORM

Please TYPE or PRINT

1. Party Information (party must sign and date at the bottom of this form.)

| | |
|---------------------------------|--------------------------------|
| Party <i>[name and address]</i> | Wayne Circuit Court number (s) |
| | Daytime telephone number |

Hereby appoint my attorney:

2. Attorney Information

| | |
|------------------|-------------------|
| Name and address | Bar number P - |
| | Telephone number |
| | Fax number |

as an agent to obtain information from Friend of the Court records relating to my case, as pursuant to MCR 3.218 (B).

3. Signature

By signing below, I am authorizing Wayne County Friend of the Court officials to release to the attorney specified above information related to my case.

I **Understand** that this authorization expires 60 days after signing.

Party Signature

Date

Print Party Name