



COURT RECORDING REQUEST

Court Address

Coleman A. Young Municipal Center: 2 Woodward Avenue, Suite 711, Detroit, MI 48226

Email

RecordingRequests@3rdcc.org

Court Telephone No.

(313) 224-5255

1. Date of Request: _____

2. Type of Request (pick one):

VIEW OPTIONS: Anyone can view a public proceeding at no cost and the time to view will be scheduled.

View at Courthouse

View Online (mainly reserved for shorter recordings)

COPY OPTIONS: Only available to case parties. Other restrictions apply – see the Court's [Access to Records LAO](#).

COPY (audio only) – Purchase Thumb Drive (\$20 per drive + \$5 postage)

COPY (audio only) – No Cost for Online Transfers

NOTE: For security purposes, the audio pitch on copies of court recordings will be adjusted.

3. Requested by: _____

Name _____

Phone _____

Address _____

City _____

State _____

Zip _____

Email _____

4. Specify the complete case number, hearing officer, and party names: _____

Case Number _____

Hearing Official _____

Party Name(s) _____

5. Date, Time, and Location of the court events: _____

6. Reason for request: _____

7. If you are a case party, complete this item only if you are purchasing a copy:

The cost to purchase a copy of a court proceeding is \$20.00 per request for each thumb drive needed to complete your request. Files are formatted to play only on a computer.

Select one of two purchase options below:

Pick up and pay upon receipt at the courthouse.

Pay in advance and mail item(s) to my address listed above. (add \$5.00 for postage)

Payment of \$_____ is enclosed. (cashier's check or money order made payable to "Third Circuit Court")

8. Date needed by: _____

I understand that any audio/video recording viewed or audio recording copied pursuant to this request may not be reproduced, altered, disseminated, placed on the internet, published, or posted pursuant to Local Administrative Order, without prior approval of the Chief Judge or designee. Any violation may be treated as criminal contempt of court punishable by a fine up to \$7,500 and/or up to 93 days in jail and/or further requests be denied. If an official record of the recorded proceeding is needed, I understand I must request a transcript from the court.

Date: _____

Signature: _____

**Submit completed request to the Docket Support Services Office at any address above or by email to recordingrequests@3rdcc.org
You will be notified when the copies are available to view, pick up or have been transferred online.**

For Court Use Only

Public Recording

Restricted, Non-Public, or Confidential Recording (copies not permitted)

Called/mailed requester regarding the status of their request on _____ Docket Support Services Office initials: _____

For Copy Requests: AMOUNT DUE: \$_____

PAID BY: CASHIER'S CHECK: Number: _____ MONEY ORDER: Number: _____ Clerk initials: _____