

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>REQUEST FOR EXEMPTION FROM USE OF MIFILE AND ORDER</b>	<b>CASE NO. and JUDGE</b>
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Court address Court telephone no.

Plaintiff's/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant's/Respondent's name, address, and telephone no.
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In the matter of \_\_\_\_\_

**REQUEST**

I am not able to file documents electronically in this case and request that I be exempted from electronic filing because:

- I have the following disability that prevents or limits my ability to use the electronic filing system:
  
  - I have limited English proficiency and it prevents or limits my ability to use the electronic filing system.
  - I am unable to use the electronic filing system because I am confined by governmental authority through:
    - incarceration in jail or prison       detention in a juvenile facility
    - commitment to a medical or mental health facility       \_\_\_\_\_
  - Other reason(s): Other
- (Explain in detail why you are requesting an exemption. Use additional sheets if necessary. Attach any supporting documentation.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date	Signature
Name (type or print)	Address
City, state, zip	Telephone no.

**ORDER**

**IT IS ORDERED** that the request for exemption from use of MiFILE is  granted.       denied.

\_\_\_\_\_  
Judge signature and date