

INSTRUCTIONS FOR REQUEST TO USE COMMUNICATION EQUIPMENT-
WEST OLIVE COURTHOUSE

If you wish to participate by telephone in a Child Protective Proceeding, you must:

- Complete a request to use communication equipment form
 - Submit the form to the Clerk's office via mail or fax
 - Mail the Original form to the:
Ottawa County Clerk
12120 Fillmore Street
West Olive, MI 49460
- OR**
- You may fax file your request to 616-738-4638 for child protective proceedings only.

(Please see the FASCIMILE AND TRANSMISSION OF DOCUMENTS POLICY AND FASCIMILE COVERSHEET on the Circuit Court Records Division web page under any of the drop down menus)

<http://www.miottawa.org/Departments/CountyClerk/CourtRecords/>

- You must also provide copies of your REQUEST TO USE COMMUNICATION EQUIPMENT to:
 - Respondent and non-respondent parents
 - Attorneys of record
- Fill out the PROOF OF SERVICE section when you have completed your mailings and send to Clerk's office via mail or fax to location as noted above.

Complete the Request Form in its entirety. All forms that are not completed correctly will be returned to you to the address provided. NO EXCEPTIONS.

COURT RULE REGARDING ELECTRONIC EQUIPMENT:

Michigan Court Rule 3.923(E) states in part:

“Electronic Equipment; Support Person. The court may allow the use of videoconferencing technology, speaker telephone, or other similar electronic equipment to facilitate hearings or to protect the parties...”

Michigan Court Rule 2.402(B) states in part:

“A party wanting to use communication equipment must submit a written request to the court at least 7 days before the day on which such equipment is sought to be used, and serve a copy on the other parties, unless good cause is shown to waive this requirement. The requesting party also must provide a copy of the request to the office of the judge to whom the request is directed...”

PLEASE NOTE:

THE COURT HAS DISCRETION TO MAKE ANY FINAL DECISION REGARDING THE USE OF COMMUNICATION EQUIPMENT.

**STATE OF MICHIGAN
IN THE CIRCUIT COURT – FAMILY DIVISION – WEST OLIVE COURTHOUSE
FOR THE COUNTY OF OTTAWA**

Case Name: _____
(Names of minor children)

Case Number: _____

I, _____, hereby request to participate in the hearing scheduled
(Print your name)

on _____, by telephone.
(Date and time of hearing)

My current address is: _____

I hereby state my reason for needing to use communication equipment:

I further agree that I shall initiate the call to the Court at the scheduled hearing time at:
616-786-4174 and shall incur any cost associated with that call. I understand that if the hearing
is delayed, the Clerk's office may direct me to call the Court back at a specified time.

(DATE)

(SIGNATURE)

PROOF OF SERVICE

I, _____ hereby state that on this date I mailed a copy of this request
to: _____

(List names of parties) at their last known address and the ORIGINAL to the Court.

(DATE)

(SIGNATURE)

(Approved by: Judge)

(DATE)