PLEASE NOTICE

If you wish to participate by telephone you must complete a **REQUEST TO USE COMMUNICATION EQUIPMENT** and submit the form to the Clerk's office:

By mail to: Ottawa County Clerk Circuit Court Records Division 414 Washington Street, Room 320 Grand Haven, MI 49417

OR

By fax to: 616-846-8179.

(Please reference the **Facsimile and Transmission of Documents Policy** and **Facsimile Coversheet** on the Circuit Court website: Circuit Court Fax

Transmission Policy

You must also provide copies of your **Request to Use Communication Equipment** to the opposing party(s) in your case and to the 20th Circuit Court, Trial Court Division, 414 Washington Street, Room 300, Grand Haven, MI 49417.

Complete the form in its entirety. If not completed, the form will be returned to you for completion. You must complete a new form for each hearing scheduled. One form does not cover all proceedings.

COURT RULE REGARDING TELEPHONIC COMMUNICATION:

Any party not living in Ottawa County of any of its contiguous counties (Muskegon, Allegan, Kent) may participate in a hearing by telephone by following Michigan Court Rule 2.402(B), Use of Communication Equipment which 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...."

Michigan Court Rule 2.402 (C) also states:

"The party who initiates the use of communication equipment shall pay for its use..."

STATE OF MICHIGAN IN THE CIRCUIT COURT FOR THE COUNTY OF OTTAWA

Plaintiff,	REQUEST TO USE COMMUNICATION EQUIPMENT
v	Case Number:
Defendant.	Judge:
I,, hereby (print your name)	y request to participate in the hearing scheduled
on by telephone. (date of hearing)	•
I hereby state that I DO NOT live in Ottawa Cour	nty, Michigan, or any of its contiguous Counties
(Muskegon, Allegan, Kent) and agree that I will b	pear the burden of any expense(s) incurred and <u>I WILL</u>
MAKE THE CALL TO THE COURT on the date	e and time scheduled to do my hearing.
	County Building: 616-846-8320 Ilmore Complex: 616-786-4108
You <u>must</u> submit your income information (as lis hearing.	ted on the enclosed "NOTICE") prior to the date of
Date:	(signature)
PROOF	F OF SERVICE
I, hereby s	state that on this date I mailed a copy of this request to
the [] Plaintiff or [] Defendant at his/her last kn	nown address and the original to the Court.
Date:	(signature)