



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Michigan Office of Administrative Hearings and Rules

Date of Request:

Certified Record Order Form

Requested By (*name and address to be mailed*):

LARA Agency:

MOAHR

Description of Certified Record Request:

Name of MOAHR case: _____

MOAHR Docket No.: _____

MOAHR Hearing date: _____

Circuit Court Name and Docket No. to send Cert. Record: _____

* Please note that the Certified Record will not include a transcript of the hearing recording. MOAHR does not produce transcripts. Transcripts must be ordered separately through a state-contracted transcript vendor.

Charges, if applicable:

Certified Record:	x \$	= \$
_____	_____	_____
Number of Pages	Cost Per Page	

Send copy of this form (and if applicable a check or money order, payable to "State of Michigan") to address or fax number entered below:

No charge for circuit court and parties	\$
Total Charges:	_____

Agency sending this invoice must enter their mailing address in this box.
 State of Michigan
 Mich. Office of Administrative Hearings and Rules
 P.O. Box 30695
 Lansing, MI 48909
 Ph: (517) 335-2484
 Fax: (517) 335-6696

Prepaid Amount: \$ _____

PAY THIS AMOUNT: \$ _____

For agency processing only	Date Cert. Record Request received:	Date Cert. Record mailed:
Completed By:		Date:
Bureau: Michigan Office of Admin. Hearings and Rules	Division:	Telephone Number: