STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
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. If the proceedings were not transcribed, a copy of the recording may be obtained through LARA-FOIA at michigan.gov/LARAFOIA.

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 here.
Michigan Office of Administrative Hearings and Rules

[for General Adjudication records:	for Benefit Services records:
P.O. Box 30695	P.O. Box 30639
Lansing, MI 48909	Lansing, MI 48909
Ph: (517) 335-2484	
Fax: (517) 335-6696	(517) 763-0155

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: