

## **PLEASE NOTICE**

If you wish to participate by telephone you must complete the attached **REQUEST TO USE COMMUNICATION EQUIPMENT**. The form is also available on the Circuit Court website at:

<https://www.miottawa.org/Courts/20thcircuit/pdf/phonerequest.pdf>

Mail the **Original** form to:

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

**OR**

You may fax file your request. Please see the **Facsimile and Transmission of Documents Policy** on the Circuit Court website:

[http://www.miottawa.org/Departments/CountyClerk/CourtRecords/pdf/CC\\_Fax\\_Trans\\_Policy.pdf](http://www.miottawa.org/Departments/CountyClerk/CourtRecords/pdf/CC_Fax_Trans_Policy.pdf)

You must also provide copies of your **Request to Use Communication Equipment** to the opposing party(s) in your case and to:

20<sup>th</sup> Circuit Court  
Trial 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 or 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,

v

\_\_\_\_\_,  
Defendant.

REQUEST TO USE  
COMMUNICATION EQUIPMENT

Case Number: \_\_\_\_\_

Judge: \_\_\_\_\_

I, \_\_\_\_\_, hereby request to participate in the hearing scheduled  
(print your name)

on \_\_\_\_\_ by telephone.  
(date of hearing)

I hereby state that I DO NOT live in Ottawa County, Michigan, or any of its contiguous Counties  
(Muskegon, Allegan, Kent) and agree that I will bear the burden of any expense(s) incurred and I WILL  
MAKE THE CALL TO THE COURT on the date and time scheduled to do my hearing.

Phone number for Ottawa County Building: 616-846-8320  
Phone number for The Fillmore Complex: 616-786-4108

You must submit your income information (as listed on the enclosed "NOTICE") prior to the date of hearing.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(signature)

**PROOF OF SERVICE**

I, \_\_\_\_\_ hereby state that on this date I mailed a **copy** of this request to  
the [ ] Plaintiff or [ ] Defendant at his/her last known address and the **original** to the Court.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(signature)