

Lucas County Probate Court Copy File Request Form

Date: _____

Case Number: _____

Open **Closed** **Date Closed:** _____

Case Name: _____

Person Ordering Copies: _____

Attorney's Name: _____

Attorney of Record: **Yes** **No**

Firm Name: _____ **Phone #:** _____

Quantity	Certified	Description	File Stamp Date	Cost	Charge to Account -or- COD
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Received by: **Phone** **Mail** **Fax** **E-Mail** **In Person** **Front Counter**

Date Completed: _____ **By Who:** _____