

**STATE OF MICHIGAN  
 JUDICIAL DISTRICT  
 JUDICIAL CIRCUIT  
 COUNTY PROBATE**

**ORDER TO DISPOSE COURT RECORDS**

Court address

Court telephone no.

**CERTIFICATE OF RECORDS ASSESSMENT BY ARCHIVES OF MICHIGAN**

(Applies to Circuit and Probate Courts Only)

I certify that I have contacted the Archives of Michigan to conduct an assessment of the relevant records eligible for disposal and that arrangements have been made to transfer those records identified in the attached documentation from Archives of Michigan.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clerk signature

\_\_\_\_\_  
 Name (type or print)

**IT IS ORDERED:** In accordance with MCR 8.119(K) and the state-approved Michigan trial court records retention and disposal schedule, the following court records shall be disposed of within 60 days of this order by the method(s) identified for those records. Electronic records shall be destroyed in accordance with the State Court Administrative Office record management standards.

For each record series to be disposed, complete the following summary information.

<b>Record Series Number</b>	<b>Record Series Description</b>	<b>Inclusive Dates</b>	<b>Disposal Volume</b> Cubic/Linear Feet or Number of Electronic Files	<b>Disposal Method</b> Transfer, Pulverizing, Shredding, Burning, Breaking, Swiping, Overwriting, Degaussing

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chief judge

\_\_\_\_\_  
 Bar no.

**Directions for records disposal:**

1. Dispose of the approved records by the methods and within the time frame ordered above.
2. Date and sign this Certificate and return the completed form to the court administrator.
3. Keep a copy in the office of the clerk of the court.
4. (For Circuit and Probate Courts only) Send a copy to Archives of Michigan.

**CERTIFICATE OF RECORDS DISPOSAL:** I certify that the records listed above were disposed of as ordered.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clerk signature

\_\_\_\_\_  
 Name (type or print)