

STATE OF MICHIGAN COUNTY OF MACOMB 16 th CIRCUIT COURT FAMILY DIVISION	REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE	Circuit Court No:
Plaintiff Name:	V	Defendant Name:

1. Motion(s): _____

2. Relief sought: _____

3. Moving Party _____

Attny for moving party: _____ (P _____) Phone no. of Attny/Moving Party _____

4. Responding parties/attorneys (include Bar No.(s))

_____ (P _____) _____ (P _____)
 _____ (P _____) _____ (P _____)
 _____ (P _____) _____ (P _____)

5. I certify that I made personal contact with the individual(s) listed below requesting concurrence in the relief sought but it was denied:

I certify that I made reasonable and diligent efforts to contact the individual(s) listed below but was unable to do so:

Individual(s) contacted	Date(s)
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6. NOTICE OF HEARING: The above motion(s) will be heard as follows:

Judge	Date	Time
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Please note: Per LCR 2.119 and MCR 2.116(G)(1)(c) and MCR 2.119(A)(2), a copy of a motion or response must be provided to the office of Judge hearing the motion! Judge's copy must be clearly marked "JUDGE'S COPY".

Signature of moving attorney or party

Date

<input type="checkbox"/> Motion Fee Paid	FOR COURT USE ONLY
Adj to: _____	<input type="checkbox"/> THIS MOTION IS REFERRED TO A FRIEND OF THE COURT REFEREE

7. PROOF OF SERVICE:

I certify that I mailed a copy of this document and the motion(s) referred to in paragraph 1 to the attorneys or parties of record by ordinary mail addressed to their last known address. I declare that the statements above are true to the best of my information, knowledge and belief.

Signature of person serving document

Date