

STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT	<b>NOTICE OF MOTION HEARING AND PROOF OF SERVICE</b>	Case No: _____
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101 E Huron St., P.O. Box 8645, Ann Arbor, Michigan 48107 (734)222-3001

Plaintiff Name: _____	v	Defendant Name: _____
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\*\*\* FAILURE TO FILL IN ALL BLANKS ON THIS NOTICE OF MOTION HEARING FORM  
MAY RESULT IN THE COURT DECIDING NOT TO HEAR YOUR MOTION.\*\*\*

1. Motion title(s): \_\_\_\_\_

2. Moving Party: \_\_\_\_\_

Attorney for Moving Party: \_\_\_\_\_ (P \_\_\_\_\_)

Phone Number of Attorney/Moving Party: (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_ (P \_\_\_\_\_) \_\_\_\_\_ (P \_\_\_\_\_)

\_\_\_\_\_ (P \_\_\_\_\_) \_\_\_\_\_ (P \_\_\_\_\_)

4.  I have contacted opposing attorney/party and have been informed that this motion will / will not (CIRCLE ONE) be contested.

I have not contacted opposing attorney/party for the following reason: \_\_\_\_\_

5. **NOTICE OF HEARING:** The above motion(s) will be heard as follows:

Judge	Date	Time

\_\_\_\_\_  
Signature of moving attorney or party \_\_\_\_\_  
Date

6. **PROOF OF SERVICE:**

I certify that I served a copy of this document and the motion(s) referred to in this notice and \_\_\_\_\_

\_\_\_\_\_ :

by regular mail at least 9 days before this hearing, or

personally at least 7 days before this hearing

to the attorneys or parties (CIRCLE ONE OR BOTH) of record to their last known addresses as defined by MCR 2.107.

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature of person serving document \_\_\_\_\_  
Date