

STATE OF MICHIGAN
22ND JUDICIAL CIRCUIT

**PRAECIPE FOR
NAME CHANGES**

CASE NO.: _____
JUDGE: _____

Address: Central Assignment, 101 E. Huron St., P.O. Box 8645, Ann Arbor, Michigan 48107-8645 Telephone: (734) 222-3383 Fax: (734) 222-3084

ALL BLANKS ON THIS PRAECIPE MUST BE PROPERLY COMPLETED OR A HEARING WILL NOT BE SCHEDULED.

In the matter of _____
(Petitioner)

1. I wish to schedule a hearing for (state nature of hearing in brief form): _____

on the Docket for _____, _____ at _____.
(Day) (Date) (Time)

A NOTICE OF HEARING MUST BE PUBLISHED IN A NEWSPAPER AS DEFINED BY MCR 2.106(F) AT LEAST 14 DAYS BEFORE THE DATE OF THE HEARING.

Dated: _____

(Signature of Attorney/Party)

(Name of Petitioner / Attorney for Petitioner)

(Street Address of Attorney/Party)

(City, State, and Zip Code of Attorney/Party)

(Telephone Number of Attorney/Party)

COURT USE ONLY

(Do Not Write below line)

_____ Adj to _____

_____ Adj to _____



(Rev. 2/16)