

STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT	NOTICE OF MOTION HEARING AND PROOF OF SERVICE <input type="checkbox"/> Re-Notice (check this box to re-schedule previous Notice of Motion Hearing filed with the Court)	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 Attorneys/Parties (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:** If the hearing is regarding a Personal Protection Order, the other party must be served with all documents according to MCR 3.705(B)(2).
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 (**14 days if default hearing**), or
 personally at least 7 days before this hearing (**14 days if default 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