

STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT	<b>REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE</b>	Circuit Court No: _____
Plaintiff Name: _____	v	Defendant Name: _____

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

2. Relief sought: \_\_\_\_\_

3. Moving Party: \_\_\_\_\_

Attorney for moving party: \_\_\_\_\_ (P )

Phone Number of Attorney/Moving Party: \_\_\_\_\_ Email of Atty/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) \_\_\_\_\_

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

Judge	Date	Time

**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 the 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 <b>FOR COURT USE ONLY</b>  Adj to: _____ <input type="checkbox"/> THIS MOTION IS REFERRED TO A FRIEND OF THE COURT REFEREE
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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 addresses. I declare that the statements above are true to the best of my information, knowledge and belief.

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