

STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT	REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE	Circuit Court No: _____
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Plaintiff Name: _____	v	Defendant Name: _____
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1. Motion(s): _____

2. Relief sought: _____

3. Moving Party: _____

Attorney for moving party: _____ (P)

Phone # of Atty/Moving Party: _____ Email of Atty/Moving party: _____

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

(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

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

Signature of person serving document	Date
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