Original - Court

## 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - Friend of the court Approved, SCAO STATE OF MICHIGAN CASE NO. JUDICIAL CIRCUIT **NOTICE OF HEARING** COUNTY Court address Fax no. Court telephone no. Plaintiff's name, address, and telephone no. Attorney: Defendant's name, address, and telephone no. Attorney: A hearing will be held Date: Time: Location: Referee Judge/Referee: for the following purpose:

☐ The defendant is required to attend this hearing.
☐ The plaintiff is required to attend this hearing.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

## **CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature