

Original - Court
1st copy - Plaintiff
2nd copy - Defendant
3rd copy - Friend of the court

Approved, SCAO

STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT Cheboygan COUNTY	NOTICE OF HEARING	CASE NO.
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Court address 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721	FAX no. 231-627-8417	Court telephone no. 231-627-8825
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Plaintiff's name, address, and telephone no.

Attorney:
v

Defendant's name, address, and telephone no.

Attorney:

A hearing will be held:

Date: _____

Time: _____

Place: _____

Judge/Referee: _____

Referee

Bar no.

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