| Approved, SCAO  |                          |              |          | JIS CODE   | E: NOH |
|---|--------------------------|--------------|----------|------------|--------|
| STATE OF MICHIGAN<br>PROBATE COURT<br>COUNTY OF GENESEE | NOTICE OF HEARING        |              | FILE NO. |            |        |
| In the matter of  |                          |              |          |            |        |
| TAKE NOTICE: A hearing will be he                       | eld on                   |              |          | at<br>Time |        |
| at  |                          | before Judge |          |            | D      |
| for the following purpose(s): (state the                | e nature of the hearing) |              |          |            | Bar no |
| PETITION FOR VISITATION                                 |                          |              |          |            |        |

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.

|                |               | Date            |               |
|----------------|---------------|-----------------|---------------|
| Attorney name  | Bar no.       | Petitioner name |               |
| Address        |               | Address         |               |
| City_state_zip | Telephone no. | City state zin  | Telephone no. |

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(5), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only