

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____ ,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

THIS PETITION WILL BE REVIEWED WITHOUT A FORMAL HEARING CONSISTENT WITH LOCAL ADMINISTRATIVE ORDER 2004-08, UNLESS OBJECTED TO, IN WRITING, BY AN INTERESTED PARTY.

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.

	<small>Date</small>	
<small>Attorney name</small>	<small>Bar no.</small>	<small>Petitioner name</small>
<small>Address</small>		<small>Address</small>
<small>City, state, zip</small>	<small>Telephone no.</small>	<small>City, state, zip</small>
		<small>Telephone no.</small>

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), 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