

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING (ACCOUNT)	FILE NO.
--	--	-----------------

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.

	Date	
Attorney name	Bar no.	Petitioner name
Address		Address
City, state, zip	Telephone no.	City, state, zip
		Telephone no.

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