

STATE OF MICHIGAN PROBATE COURT COUNTY OF GENESEE	NOTICE OF HEARING	FILE NO.
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In the matter of _____

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)

Petition to Terminate Guardianship for Developmentally Disabled Individual.

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.

_____		_____	
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(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