

NOTICE OF HEARING AND MOTION

DO NOT FILE THIS FORM IF THE CHANGE IS IN REGARD TO CUSTODY, PARENTING TIME, CHANGE OF RESIDENCE/DOMICILE, OR SUPPORT. FILE THE APPROPRIATELY NAMED MOTION FOR THOSE MATTERS.

DO NOT FILE THIS FORM IF THE OTHER PARTY IS IN AGREEMENT TO THE CHANGE YOU ARE REQUESTING. YOU MAY SUBMIT A SIGNED AND NOTORIZED AGREEMENT REQUESTING AN ORDER BE ENTERED BASED UPON YOUR AGREEMENT.

Attached is a Notice of Hearing and Motion form. Once you have completed the form, return it and **three (3) copies of the completed form, including any attachments**, to the Bay County Clerk of the Court office, 1230 Washington Avenue, Suite 725, Bay City MI 48708 along with a check or money order for \$20, payable to the *Clerk of the Court* to cover the filing fee which is required in the State of Michigan.

STATE OF MICHIGAN JUDICIAL CIRCUIT JUDICIAL DISTRICT COUNTY	NOTICE OF HEARING AND MOTION	CASE NO.
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Court address Court telephone no.

Plaintiff name(s)
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s)
Defendant's attorney, bar no., address, and telephone no.

NOTICE OF HEARING

1. Motion title: _____
2. Moving party: _____
3. This matter has been placed on the motion calendar for:

Judge	Bar no.	Date	Time
Hearing location <input type="checkbox"/> Court address above <input type="checkbox"/>			

4. If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

MOTION

Date

/s/
Signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this notice of hearing and motion on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date

/s/
Signature