

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION FOR CONSOLIDATION	CASE NO.
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Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

Plaintiff's attorney, bar no., address, and telephone no.

Defendant's attorney, bar no., address, and telephone no.

MOTION

Pursuant to MCR 2.505(A), the following actions pending before this court involve a substantial and controlling common question of law or fact.

<u>Case Number</u>	<u>Case Name</u>	<u>Assigned Judge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I REQUEST that the court consolidate these actions.

Date

Signature

Name (type or print)

NOTICE OF HEARING

A hearing is scheduled on this matter on _____ at _____
Date Time

at _____ before Hon. _____
Location Bar no.

Date

Signature

CERTIFICATE OF MAILING

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

Date

Signature