



## Michigan Supreme Court

State Court Administrative Office

**Field Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby  
Field Services Director

### MEMORANDUM

DATE: January 12, 2024  
TO: Judges and Court Administrators  
FROM: SCAO Forms Team  
RE: New and modified PC and MC forms

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Below is a list of SCAO-approved court forms that were recently revised or created. An explanation of the changes, along with instructions on use of the previously approved version and a copy of the form with the changes highlighted, is provided.

**If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.**

For suggestions about this court form, please contact [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

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#### **[PC 50, Publication of Notice of Hearing Regarding Petition for Name Change](#)**

**Most recent update:** (1/24) version

**Use of existing paper stock:** (7/23) version may be used until March 12, 2024.

➤ [Click here to see the form.](#)

Language added based on changes to MCR 3.316 concerning payment of publication costs in cases with fee waivers.

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#### **[PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change \(Noncustodial Parent\)](#)**

**Most recent update:** (1/24) version

**Use of existing paper stock:** (7/23) version may be used until March 12, 2024.

➤ [Click here to see the form.](#)

January 12, 2024

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Language added based on changes to MCR 3.316 concerning payment of publication costs in cases with fee waivers.

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**[MC 502, Notice of Filing of Transcript and Affidavit of Mailing](#)**

**Most recent update:** (1/24) version

**Use of existing paper stock:** (6/18) version may be used until April 11, 2024.

- [Click here to see the form.](#)

Changes were made to reflect MCR 8.108 amendments and clarify distribution requirements.

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**[\\*NEW FORM\\* MC 541, Change in Contact Information for Service](#)**

**Most recent update:** (1/24) version

**Use of existing paper stock:** NEW FORM.

- [Click here to see the form.](#)

This is a new form created for use under MCR 1.109(D)(11) in all courts.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF          HEARING REGARDING          PETITION FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**Use note:** Use this form for the required publication of notice **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*.

In the matter of \_\_\_\_\_  
Current first, middle, and last name(s) (type or print)

**Publish only the information contained in the box below.**

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

**TAKE NOTICE:** \_\_\_\_\_ has filed a petition for name change.  
Petitioner's name

A name change hearing will be held on \_\_\_\_\_  
Date and time

at \_\_\_\_\_  
Location

before Judge \_\_\_\_\_ to change the name of:

Current name	to	Proposed name
Current name	to	Proposed name
Current name	to	Proposed name
Current name	to	Proposed name
Current name	to	Proposed name

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_.

Furnish affidavit of publication to the  court.  petitioner.

Forward statement for publication charges to\* \_\_\_\_\_.

**\*If the court has waived fees under MCR 2.002, it must pay the cost of any ordered publication, including any affidavit fee charged by the publisher or the publisher's agent.**

**Note:** Case records reflecting court payment of publication costs are nonpublic.



<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY</b>	<b>NOTICE OF FILING OF TRANSCRIPT</b> <b>AND AFFIDAVIT OF MAILING</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	<b>v</b>	Defendant's/Respondent's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

⌈ Attorney name and address  L	⌋	Representing: _____  _____
⌈ Attorney name and address  L	⌋	Representing: _____  _____

**NOTE:** A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On \_\_\_\_\_, I filed in the trial court  
Date
- a. a portion of the transcript of the total proceedings taken in this case before Hon. \_\_\_\_\_  
on \_\_\_\_\_  
Date(s)
- b. a complete transcript of the proceedings taken in this case.

# Page added

2. I have notified all parties stated above that the transcript has been filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification designation and number

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

(See **next page** for an affidavit of mailing.)

(To be printed on the back of the original copy only - for filing in the appellate court, or in the trial court if no appeal.)

**AFFIDAVIT OF MAILING**

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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Name (type or print)	<input type="checkbox"/> personal service. <input type="checkbox"/> registered mail (receipts attached). <input type="checkbox"/> certified mail (receipts attached). <input type="checkbox"/> first-class mail.
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_ .  Acting in the County of \_\_\_\_\_ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

# NEW FORM

JIS Code: CCI

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>CHANGE IN CONTACT INFORMATION FOR SERVICE</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

Plaintiff(s)/Petitioner(s)	<b>v</b>	Defendant(s)/Respondent(s)
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In the matter of \_\_\_\_\_

**Instructions:** Use this form to report changes in contact information for the purposes of service. Complete all sections that apply. The completed form must be filed and served in accordance with MCR 2.107(C) or MCR 1.109(G)(6)(a), as applicable. Do not use this form to update confidential contact information.

1. My name

My current name

My name has changed.

My former name

2. I am a party or attorney for a party.

3. My new or corrected physical address is:

Street address		
City	State	Zip

4. My new or corrected mailing address is:

Street address		
City	State	Zip

5. My new or corrected telephone number is:

I do not have a telephone number

Area code and telephone number

6. My new or corrected e-mail address is:

I do not have an e-mail address

E-mail address

Date

Signature