STATE OF MICHIGAN

CASE NO. and JUDGE

JUDICIAL CIRCUIT COUNTY	PROOF OF PERSONAL SERVICE/ORAL NOTICE (EXTREME RISK PROTECTION ORDER)		
Court address		Court telephone no.	
Petitioner's name and telephone no.	v Respondent's name, addre	ess, and telephone no.	
	You must file this completed proof of service wit one business day after service or notification.	h the clerk of the court that issued	
	PROOF OF PERSONAL SERVICE		
	_ at I personally served		
Respondent's name	at Address or location of service		
with a copy of the extreme risk protect	ion order issued on by	/ the	
Court.	Date		
☐ I also served a copy of the summon	is and complaint for this proceeding.		
Date	Law enforcement officer's signa	nture	
Law enforcement agency	Name (type or print)	ID no.	
Address	City, state, zip	Telephone no.	
	PROOF OF ORAL NOTICE		
I certify that on	at I orally notified		
	of the existence of an	extreme risk protection order	
Respondent's name issued on by th	e Court. I also ce	ertify that I advised the respondent	
of:			
the specific conduct enjoinedthe penalties for violating thewhere they may obtain a cop			
Date	Law enforcement officer's signa	Law enforcement officer's signature	
Law enforcement agency	Name (type or print)	ID no.	
Address	City, state, zip	Telephone no.	
Approved, SCAO	Distribute form to:		

Form CC 457, Rev. 2/24 MCL 691.1813, MCR 3.719 Page 1 of 1 Court file Copies as needed