

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PERSONAL SERVICE ON PRISONER AND AFFIDAVIT	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.	v	Defendant's name, address, and telephone no.
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In the matter of _____

REQUEST

To the Warden/Administrator of _____
Name of correctional institution

You are requested to serve _____
Title or description of papers

together with _____
List of attachments

on _____ on or before _____
Name of prisoner and prisoner identification number (if known)

Upon service, you must either complete the affidavit of service below or have the prisoner complete the acknowledgment of service below. If you are unable to complete service for some reason, you must return the original papers and all copies to the court clerk.

Date

Signature

Name (type or print)

NOTE: This affidavit is prepared only when the prisoner does not acknowledge service.

AFFIDAVIT OF SERVICE

I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that I personally served the papers described above and attachments, if any, on _____
Name of prisoner and prisoner identification number (if known)

on _____
Day, date, and time

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.

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received the papers described above on _____
Day, date, time

Prisoner signature