STATE OF MICHIGAN

CA	SE	N	O.	an	d	JL.	JD	GI

JUDICIAL CIRCUIT COUNTY	NOTICE OF HEARING	
Court address		Court telephone no
Plaintiff's name, address, and telepho	one no.	
Attorney:	phone no.	
Attorney:		
A hearing will be held		
Date:		
Time:		
Location:		
Judge/Referee:		Referee
for the following purpose:		
	s hearing. e the court because of a disability, or if you proceedings, please contact the court imme	
71	CERTIFICATE OF MAILING	
as defined by MCR 3.203. I declare ur	parties or their attorneys by first-class mail adder the penalties of perjury that this certificatest of my information, knowledge, and belief.	
Date	Signature	
Approved, SCAO Form FOC 7, Rev. 3/21 Page 1 of 1	Distribute form to: Court Plaintiff	

Defendant Friend of the court