

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	WRIT OF HABEAS CORPUS	CASE NUMBER and JUDGE
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Court address _____ Court telephone number _____

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN:

TO: _____, the agency or person having custody of

Name _____ I.D. number _____ Date of birth _____

To bring prisoner to court in the case of:
People of
v

To inquire into detention/custody of:

IT IS ORDERED:

1. Answer this writ, stating the authority under which you _____ restrain the prisoner. _____ exercise custody over the minor child. File your answer with the _____ court _____ judge by _____ .
Date

2. Deliver the person named in this writ into the custody of _____
Name/Title/Agency
for: the prosecution of _____, _____ felony. _____ misdemeanor.
Charge and MCL citation or PACC code
Specify purpose (witness testimony, etc.). _____

Immediately after the prisoner completes his/her appearance, the prisoner shall be returned to your custody.

3. Bring the person named in this writ before _____
Name of Judge/Referee/Magistrate
at _____, on _____ at _____ .
Location of court Date Time
Bring this writ with you.

4. Produce the prisoner via compatible two-way interactive video technology for the purpose indicated above on _____ at _____ .
Date Time

5. Fees are allowed in the amount of \$ _____ .

Judge signature and date

PROOF OF SERVICE

STATE OF MICHIGAN, COUNTY OF _____

I certify that on _____ at _____, I personally served the original writ of habeas
Date Time
corpus on _____.
Name

Date Signature

Required only under MCR 3.303

ANSWER

STATE OF MICHIGAN, COUNTY OF _____

I, _____, state:
Name

1. I do not have _____ under my custody, power, or restraint.
Person named in writ
2. On _____ by authority of _____, _____, _____ was released. _____ transferred to _____ (exhibits attached).
Date Location
3. I have _____ under my custody, power, or restraint under a
Person named in writ
warrant charging the prisoner with the offense of _____
commitment
other: _____

issued by _____ . A copy of the document is attached and the original
Name
will be produced at the hearing.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date Signature

Title

When required by MCR 3.303(L)(2).

NOTICE TO PROSECUTING ATTORNEY

TO: The prosecuting attorney of _____ County

You are notified that the annexed writ of habeas corpus has been issued. _____
is believed to have custody of the prisoner. Name/Title/Agency

Date Prisoner Attorney/Bar number

Address

City, state, zip Telephone number