STATE OF MICHIGAN

| CASE | NO. a | ınd J | JUDGE |
|------|-------|-------|-------|
|------|-------|-------|-------|

| JUDICIAL DISTRICT JUDICIAL CIRCUIT | REQUEST AND SUMMONS FOR PROBATION VIOLATION | | | |
|---|---|------------------------------|--|--|
| | ourt address | | Court telephone no. | |
| MI- Police Report No. | | | | |
| THE PEOPLE OF | | Defendant's name, addre | ess, and telephone no. | |
| ☐ The State of Michigan | | v | | |
| | | | | |
| | | CTN | SID | |
| Civil Criminal | | TCN | | |
| | DEO | UEST | | |
| ☐ I allege that the defendant has comm | | | ion(c): | |
| I allege that the determant has confi | inted the following te | citilical probation violati | ion(s). | |
| | | | | |
| \square I allege that the defendant has comm | nitted the following no | on-technical probation v | iolation(s): | |
| | | | | |
| | | | | |
| I REQUEST that the court issue a sumi | nons compelling the d | letendant to appear befo | re the court on these allegations. | |
| I declare under the penalties of perjury of my information, knowledge, and believed | | been examined by me a | and that its contents are true to the best | |
| Date | | Probation officer signature | | |
| | | Probation officer name (type | or print) | |
| | SUMI | MONS | | |
| THE COURT FINDS probable cause to | | | ns of probation. | |
| TO DEFENDANT, IN THE NAME OF T | HE PEOPLE OF THI | E STATE OF MICHIGA | N: | |
| You are ordered to appear in court | | | | |
| at \square | | | | |
| the above address | | | | |
| on | for arraig | nment on alleged violat | tion(s) of the conditions of probation. | |
| Failure to appear at the stated time and | d place may subject y | ou to arrest. | | |
| | | | | |
| | | | | |
| | | Judge signature and date | | |
| If you require accommodations to use t | he court because of a | a disability or if you requ | uire a foreign language interpreter | |

to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Approved, SCAO Form MC 246, Rev. 9/22 MCR 6.445 Page 1 of 1

Distribute form to: Court Probation department Defendant

Prosecutor

| | proof of servic | | • | e to complete service, you must return this origina | |
|--|--------------------|-------------------|--------------------------|--|--|
| and an oopies to the | | RTIFICATE OF S | SERVICE / NONSER | RVICE / MAILING | |
| | rsonally \Box | by first-class ma | il to the defendant's | last known address I any attachments listed below on: | |
| ☐ I have attempted to below, and have be | | | | tion violation, together with the attachments listed | |
| Defendant's/Household member's name | | | Date and time of service | | |
| Place or address of service | ce | | | | |
| Attachments (if any) | | | | | |
| I declare under the p the best of my inform | | , , | f of service has bee | n examined by me and that its contents are true to | |
| Service fee \$ | Miles traveled Fee | | | Signature | |
| Incorrect address fee \$ | Miles traveled | Fee \$ | TOTAL FEE \$ | Name (type or print) | |
| | 1 | ACKNOW | LEDGMENT OF SE | Title (if applicable) | |
| I acknowledge that I | have received | | | regarding probation violation, together with | |
| Attachments | | | | , on Date and time | |
| Signature | | | on behalf of | | |
| | | CERTIFICA | TE OF MAILING BY | COURT | |
| mail addressed to his | or her last kno | own address as d | efined in MCR 2.107 | nd any attachments on the defendant by first-class (C)(3). I declare under the penalties of perjury that are true to the best of my information, knowledge | |
| | | | | | |
| | | | Court clerk sig | nature and date | |

PROOF OF SERVICE

Case No. ___