Original - Court 1st copy - Plaintiff 2nd copy - Defendant

Approved, SCAO

## STATE OF MICHIGAN

CASE NO

JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	SUBSTITUTION OF ATTORNEY		CASE NO.		
Court address				Court telephone no.	
Plaintiff/Petitioner name, address, and telephone no.		v	Defendant/Responder	t/Minor name, address, and telephone no.	
☐ Probate In the matter of					
TO: Clerk of the Court, all attorneys		OTICE	arties: Specify names	and addresses	
I replace attorney					
The date of the next scheduled hearing		reques	t copies of all paper	s filed in this case after this date.	
Date		Firm			
ignature		Address			
Name (type or print)	Bar no.	City, state, zip		Telephone no.	
I consent to the substitution of the abo	ove attorney in this case				
te		Withd	Withdrawing attorney's signature		
Dient's signature		Name	Name (type or print) Bar no.		
Name (type or print)		Firm			
		Addre	ess		
	EVDA		state, zip	Telephone no.	
IT IS SO ORDERED.	EXPAR	RTEORI	JEK		

Date Judge Bar no.