STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	REQUEST FOR HEARING ON A MOTION	CASE NO. and JUDGE

Court address **Court telephone no.**

Plaintiff's name, address, and telephone no.	v	Defendant's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

1. Motion title: _____

2. Moving party: _____

3. Please place the following on the motion calendar for:

Judge	Bar no.	Date	Time
Hearing location ☐ Court address above ☐			

☐ 4. I certify that I have made personal contact with _____ on _____ regarding concurrence in the relief sought in this motion and that concurrence has been denied or that I have made reasonable and diligent attempts to contact counsel requesting concurrence with this motion.

Date _____ Attorney _____ Bar no. _____

5. ☐ DOMESTIC RELATIONS MOTIONS ONLY
   a. A recommendation from the Friend of the Court ☐ is ☐ is not requested.
   b. All necessary information ☐ has ☐ has not been submitted to the Friend of the Court.

6. Clerk's record of decision: ☐ Granted ☐ Denied ☐ Not heard _____ Date _____ Clerk

Distribute form to:
Court
Assignment clerk/Extra
Friend of the court/Extra
Opposing party Moving party

SRA