

STATE OF MICHIGAN COUNTY OF ST. CLAIR 31st CIRCUIT COURT	PRAECIPE/ NOTICE OF HEARING PROOF OF SERVICE	CASE NUMBER
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ADDRESS: 201 McMorran Boulevard, Port Huron MI 48060

Plaintiff Name 	VS	Defendant Name
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ALL NOTICES TO BE FILED TIMELY PURSUANT TO MCR 2.119

1. Motion(s) _____

2. Relief Sought _____

3. Moving Party _____

Attorney for Moving Party and Phone Number _____

4. Responding parties/attorneys (include Bar No.(s))

5. **NOTICE OF HEARING:** The above-referenced motion(s) will be heard as follows:

Judge	Date:	Time

Signature of Moving Attorney or Party

Date

6. PROOF OF SERVICE

I certify that I mailed a copy of this document and motion(s) referred to in paragraph 1 to the attorneys or parties of record by ordinary mail addressed to their last known addresses. I declare that the statements above are true to the best of my information, knowledge and belief.

Signature of Moving Attorney or Party

Date