

STATE OF MICHIGAN COUNTY OF MACOMB 41A DISTRICT COURT	REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE	District Court No:
Plaintiff Name:	v	Defendant Name:

1. Motion(s): _____

2. Relief sought: _____

3. Moving Party: _____

Attorney for moving party: _____ (P)

Phone Number of Attorney/Moving Party: () _____

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

_____ (P)	_____ (P)
_____ (P)	_____ (P)
_____ (P)	_____ (P)

Please note: Per LCR 2.119 and MCR 2.116(G)(1)(c) and MCR 2.119(A)(2), a copy of a motion or response must be provided to the office of the judge hearing the motion! Copies to be emailed directly to mgardner@sterlingheights.gov. Judge's copy must be clearly marked "JUDGE'S COPY" with date of motion and have exhibits bookmarked accordingly.

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

Judge	Date	Time
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Judge Lepore's Zoom Id: 289-341-2886

Signature of moving attorney or party _____ Date _____

<input type="checkbox"/> Motion Fee Paid FOR COURT USE ONLY Adj to: _____ <input type="checkbox"/> Parties notified Date _____

7. PROOF OF SERVICE:

I certify that I mailed a copy of this document and the 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 person serving document _____ Date _____