

STATE OF MICHIGAN COUNTY OF MACOMB 41A DISTRICT COURT	<b>REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE</b>	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](mailto: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
Judge Lepore's Zoom Id: 289-341-2886		

\_\_\_\_\_  
Signature of moving attorney or party \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Motion Fee Paid	<b>FOR COURT USE ONLY</b>
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 \_\_\_\_\_