

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))

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

Judge	Date	Time

Judge Shepherd's Zoom Id: 353-817-4915

Motion Fee Paid **FOR COURT USE ONLY**

Adj to: _____ 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