

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)

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

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

Signature of moving attorney or party _____

_____ Date

☐ 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