

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF****NOTICE OF HEARING****FILE NO.**

In the matter of _____

TAKE NOTICE: A hearing will be held on _____ at _____ ,
Date Timeat _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Date_____
Attorney name Bar no._____
Petitioner name_____
Address_____
Address_____
City, state, zip Telephone no._____
City, state, zip Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(5), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only