## STATE OF MICHIGAN

CA	SE	NO.	and	JL	۵L	GE	

JUDICIAL CIRCUIT COUNTY	NOTICE OF HEARING	
Court address		Court telephone no.
Plaintiff's name, address, and telephor	e no.	
Attorney:  V  Defendant's name, address, and teleptors	hone no.	
Attorney:		
A hearing will be held		
Date:		
Time:		
Location:		
Judge/Referee:		Referee
for the following purpose:		
	the court because of a disability, or if you roceedings, please contact the court imme	
contacting the court, provide your case		
as defined by MCR 3.203. I declare und	certificate of mailing arties or their attorneys by first-class mail adder the penalties of perjury that this certificat to f my information, knowledge, and belief.	
Date	Signature	
Approved, SCAO	Distribute form to:	
Form FOC 7, Rev. 3/21 Page 1 of 1	Court Plaintiff Perendent	

Friend of the court