Approved, SCAO

| STATE OF MICHIGAN<br>JUDICIAL DI:<br>JUDICIAL C<br>COUNTY PR  | STRICT<br>IRCUIT                             | SUBPOENA<br>Order to Appear and/or Produce                     |  |                           |                        | CASE NO.                           |  |  |
|---|--|--|--|---------------------------|------------------------|------------------------------------|--|--|
| Court address   | l  |  |  |                           |                        | Court telephone no.                |  |  |
| Police Report No. (if applicable)   | :  |  |  |                           |                        |                                    |  |  |
| Plaintiff(s)/Petitioner(s)  |  |  |  | Defendant(s)/Respond      | lent(s)                |                                    |  |  |
| ☐ People of the State of Michigan   |  |  |  |                           |                        |                                    |  |  |
| Civil   | С  | riminal  |  | Charge                    |                        |                                    |  |  |
| ☐ Probate In the matter   | of   |  | <u>'</u>                                     |                           |                        |                                    |  |  |
| In the Name of the People of t  | he State o                                   | f Michigan. TO   | D:   |                           |                        |                                    |  |  |
| If you require special accom YOU ARE ORDERED TO:  | modations to                                 | use the court bed  | ause of disabil                              | ities, please contact the | court imme             | ediately to make arrangements.     |  |  |
| ☐ 1. Appear personally at the   | time and                                     | place stated be  | low: You may                                 | be required to appear     | from time to           | time and day to day until excused. |  |  |
| ☐ The court address abo   | ☐ The court address above ☐ Other:           |  |  |                           |                        |                                    |  |  |
| Day   | Date   |  |  |                           | Time                   |                                    |  |  |
| 2. Testify at trial / examinate   | tion / heari                                 | ng.  |  |                           | '                      |                                    |  |  |
| ☐ 3. Produce/permit inspection  | on or copyi                                  | ing of the follow  | ring items: _                                |                           |                        |                                    |  |  |
| ☐ 4. Testify as to your assets  | , and bring                                  | g with you the it  | tems listed i                                | n line 3 above.           |                        |                                    |  |  |
| □ 5. Testify at deposition.   |  |  |  |                           |                        |                                    |  |  |
| ☐ 6. Abide by the attached pr   | ohibition a                                  | ngainst transfer   | ring or dispo                                | osing of property. (N     | ICL 600.610            | 4(2), 600.6116, or 600.6119.)      |  |  |
| ☐ 7. Other:   |  |  |  |                           |                        |                                    |  |  |
| 8. Person requesting subpoena   |  |  | Telephone no.                                |                           |                        | CHIGAN                             |  |  |
| Address   |  |  |  |                           |                        | SI NICHIGAN OUTE                   |  |  |
| City  |  | State  | Zip  |                           |                        |                                    |  |  |
| NOTE: If requesting a debtor's exammust be issued by a judge. For a deform must also be completed. Debt an affidavit of debtor examination of | ebtor examin<br>or's assets c<br>issuance of | ation, the affidavit<br>an also be discove<br>this subpoena by | of debtor exar<br>ered through M<br>a judge. | nination on the other sin | de of this<br>need for | TANSING THE                        |  |  |
| TIME AND PLACE MAY SUB  |  |  |  |                           |                        | Occurtance of                      |  |  |
| -   |  |  |  |                           |                        | Court use only  Served Not served  |  |  |

Judge/Clerk/Attorney

Date

Bar no.

## SUBPOENA

PROOF OF SERVICE

Case No.

**TO PROCESS SERVER:** You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

## CERTIFICATE/AFFIDAVIT OF SERVICE/NONSERVICE

| OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required)  OR  AFFIDAVIT OF PROCESS SERVER  Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required) |                        |               |                      |  |                            |  |  |  |  |
|--|------------------------|---------------|----------------------|--|----------------------------|--|--|--|--|
| $\square$ I served a copy of th  | e subpoe               | ena, together | with                 | (includ                                    | ling any required fees) by |  |  |  |  |
| personal service   | )                      | ☐ registere   |                      | copy of return receipt attached) on:       |                            |  |  |  |  |
| Name(s)  |                        |               | Complete address(es) | of service                                 | Day, date, time            |  |  |  |  |
| ☐ I have personally att<br>on the following pers   |                        |               |                      | red fees, if any, together with Attachment |                            |  |  |  |  |
| Name(s)  |                        |               | Complete address(es) | of service                                 | Day, date, time            |  |  |  |  |
|  |                        |               |                      |  |                            |  |  |  |  |
|  |                        |               |                      |  |                            |  |  |  |  |
| Service fee Mile   | fee Miles traveled Fee |               |                      | Signature                                  |                            |  |  |  |  |
| \$   |                        | \$            |                      | Name (type or print)                       |                            |  |  |  |  |
| Incorrect address fee Mile \$  | s traveled             | Fee<br>\$     | TOTAL FEE            | Name (type or print)                       |                            |  |  |  |  |
| Φ  |                        | Ψ             | \$                   | Title                                      |                            |  |  |  |  |
| Subscribed and sworn   | to before              |               |                      | . ,  | County, Michigan.          |  |  |  |  |
| My commission expire   | ·C:                    | Date          | Signatura            |  |                            |  |  |  |  |
| My commission expires: Signature: Date Signature:  |                        |               |                      |  |                            |  |  |  |  |
| Notary public, State of Michigan, County of  |                        |               |                      |  |                            |  |  |  |  |
| ACKNOWLEDGMENT OF SERVICE  |                        |               |                      |  |                            |  |  |  |  |
| I acknowledge that I have received service of the subpoena and required fees, if any, together with  |                        |               |                      |  |                            |  |  |  |  |
| Attachment   |                        |               |                      |  |                            |  |  |  |  |
| ononon   |                        |               |                      |  |                            |  |  |  |  |
| on behalf of   |                        |               |                      |  |                            |  |  |  |  |
| Signature  |                        |               |                      |  |                            |  |  |  |  |
| AFFIDAVIT FOR JUDGMENT DEBTOR EXAMINATION  |                        |               |                      |  |                            |  |  |  |  |
| I request that the cou<br>concerning the mone<br>for the following reason  | y or prop              | subpoena th   |                      | named on this form to be examined under    | oath before a judge        |  |  |  |  |
|  |                        |               |                      | Signature                                  |                            |  |  |  |  |
| Subscribed and sworn   | to before              | me on Date    |                      | ,  | County, Michigan.          |  |  |  |  |
| My commission expire   | S:<br>Date             |               | Signature            | : Deputy court clerk/Notary public         |                            |  |  |  |  |
| Notary public, State of Michigan, County of  |                        |               |                      |  |                            |  |  |  |  |