STATE OF MICHIGAN **JUDGE** JUDICIAL DISTRICT **SUMMONS** JUDICIAL CIRCUIT DISTRICT CASE NO. Criminal **COUNTY** CIRCUIT CASE NO. ORI Court address Court telephone no. MI-Victim or complainant THE PEOPLE OF Defendant's name and address ☐ The State of Michigan Complaining witness Date: On or about Codefendant(s) (if known) City/Twp./Village County in Michigan Defendant TCN Defendant CTN Defendant SID Defendant DOB Put DOB on Ref. No. row 1 on MC 97 Police agency report no. Charge Maximum penalty Defendant DLN Vehicle Type Oper/Chauf. Put DLN on Ref. No. row 3 on MC 97 on file with the Michigan State Police from a previous case. CDL Witnesses STATE OF MICHIGAN, COUNTY OF _ The complaining witness has filed a sworn complaint in this court stating that on the date and the location described, the defendant, contrary to law, IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN TAKE NOTICE: YOU ARE SUMMONED TO APPEAR for arraignment on Date and time the address above at , Michigan, before the Location

presiding judge. If you fail to appear, a warrant may be issued for your arrest. This summons expires on the date of hearing. If you require 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.

Judge/Magistrate signature and date

Approved, SCAO Form MC 256, Rev. 5/21 MCL 764.3, MCR 6.103(B) Page 1 of 2 Distribute form to: Court Prosecutor Defendant Defendant's attorney

Summons,	Criminal	(5/21)
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Case No.	

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the copies of the summons, complaint, and any attachments and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

	CERTIFIC	ATE / AFFIDAV	/IT OF SERVICE	E / NONSE	RVICE / MAILING
☐ I served ☐ pe			ail to the defenda with the attachm		
☐ I have attempted have been unable			nplaint, together	with the at	ttachments listed below, and
Defendant's name/Household member's name				Date and time of service	
Place or address of servi	ice				
Attachments (if any)					
I declare under the p			of of service has	s been exar	mined by me and that its contents are true to
Service fee \$	Miles traveled	Fee \$		Sign	ature
Incorrect address fee	Miles traveled	Fee \$	TOTAL FEE	Nam	ne (type or print)
		ACKNO	WLEDGMENT O		(if applicable)
I acknowledge that I	have received				
Attachments					on Date and time
Signature			on behalf	of	
		CERTIFICA	ATE OF MAILIN	G BY COU	IRT
I certify that on this oby first-class mail ac					ether with any attachments on the defendant CR 2.107(C)(3).

Court clerk signature and date