

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR ALTERNATE SERVICE <input type="checkbox"/> EX PARTE	CASE NO. PETITION NO. JUDGE
Court address	Court telephone no.	

In the matter of _____
First and last name(s), alias(es)

1. Date of hearing (if any): _____ Judge/Referee: _____

☐ 2. **THE COURT FINDS** that personal service of the summons upon _____
Name

☐ a. is impracticable or cannot be achieved.

☐ b. cannot be made because the whereabouts of this person have not been determined after reasonable effort.

IT IS ORDERED:

☐ 3. Service of the summons and a copy of this order may be made by

☐ a. registered or certified mail to

Name Address

City, state, and zip

☐ b. tacking or firmly affixing to the door at _____.

☐ c. delivering at _____

to a member of the person's household who is of suitable age and discretion to receive process, with instructions to deliver it promptly to the person named in the summons.

☐ d. other: _____

☐ e. providing notice of the hearing through publication in _____ (Use form JC 32 or JC 32a for publishing the hearing notice.)

Specify location(s)

For each method used, proof of service must be promptly filed with the court.

☐ 4. The motion for alternate service is denied.

Recommended by:

Referee signature and date

Judge signature and date

PROOF OF SERVICE

I served a copy of the summons and a copy of the order for alternate service upon

Name by

☐ 1. registered or certified mail to _____, on
Address

Date

☐ 2. tacking or firmly affixing to the door at _____, on
Address

Date

☐ 3. delivering at _____, on
Address Date

to a member of the person's household who is of suitable age and discretion to receive process, with instructions to deliver it promptly to the person named in the summons.

☐ 4. other: _____
_____, on
Date

☐ 5. publication. Required information was sent to _____, on
Name of publication and location

Date

Signature

Title

Subscribed and sworn to before me on _____
Date

Deputy clerk/Notary public signature

My commission expires on _____
Name (type or print)

Notary public, State of Michigan, County of _____ ☐ Acting in the County of _____

☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.