

STATE OF MICHIGAN JUDICIAL DISTRICT	COMPLAINT MISDEMEANOR	CASE NO. and JUDGE
ORI MI-	Court address	Court telephone no.
THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ v Defendant's name and address		Victim or complainant _____ Complaining witness
Codefendant(s) (if known)		Date: On or about
City/Twp./Village	County in Michigan	Defendant TCN
		Defendant CTN
		Defendant SID
		Defendant DOB Put DOB in Ref. No. row 1 on MC 97
Police agency report no.	Charge	Maximum penalty
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper/Chauf. <input type="checkbox"/> CDL
		Vehicle Type
		Defendant DLN Put DLN in Ref. No. row 3 on MC 97
Witnesses		

STATE OF MICHIGAN, COUNTY OF _____ .

The complaining witness says that on the date and at the location described, the defendant, contrary to law,

☐ The complaining witness asks that defendant be summoned and dealt with according to law.

Summons authorized on _____ by: <div style="text-align: center;">Date</div>	
Prosecuting official _____ <input type="checkbox"/> Security for costs posted	

I declare under the penalties of perjury that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complaining witness signature

Date

STATE OF MICHIGAN JUDICIAL DISTRICT	SUMMONS MISDEMEANOR	CASE NO. and JUDGE
ORI MI-	Court address	Court telephone no.
THE PEOPLE OF <input type="checkbox"/> The State of Michigan <div style="text-align: center; margin-top: 5px;">v</div> <input type="checkbox"/> _____ Defendant's name and address		Victim or complainant _____ Complaining witness _____
Codefendant(s) (if known)		Date: On or about
City/Twp./Village	County in Michigan	Defendant TCN
Police agency report no.		Charge
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper/Chauf. <input type="checkbox"/> CDL
Witnesses		Defendant CTN Defendant SID Defendant DOB Put DOB in Ref. No. row 1 on MC 97
Maximum penalty		Defendant DLN Put DLN in Ref. No. row 3 on MC 97

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

at ☐ the address above ☐ _____, Michigan,
 Location

before the 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

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.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE / MAILING

☐ I served ☐ personally ☐ by first-class mail to the defendant's last known address
a copy of the summons and complaint, together with the attachments listed below on:

☐ I have attempted to serve the summons and complaint, together with the attachments listed below, and
have been unable to complete service on:

Defendant's name/Household member's name	Date and time of service
Place or address of service	
Attachments (if any)	

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled	Fee \$	TOTAL FEE \$	Signature
Incorrect address fee \$	Miles traveled	Fee \$		Name (type or print)
				Title (if applicable)

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons and complaint, together with

Attachments _____ on _____
Date and time
Signature _____ on behalf of _____

CERTIFICATE OF MAILING BY COURT

I certify that on this date I served a copy of this summons and complaint, together with any attachments on the defendant by first-class mail addressed to his or her last known address as defined in MCR 2.107(C)(3).

Court clerk signature and date