STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION

CASE NO.

COUNTY	SUMMUNS: URDER TO APPEAR	PETITION NO.
		JUDGE
Court address		Court telephone no.
In the matter of ${\text{First and last name(s), alia}}$	is(es)	
1. TO:	٦	
I	1	
2. YOU ARE ORDERED to appear i	n person before the court for a hearing on the a	llegations in the attached petition. The
appearance of the child(ren) nam		
3. The date, time, and place of the h	earing are:	
4. The purpose of the hearing is		
	ne or more of the statutory grounds alleged in the arental rights over the child(ren) be terminated.	
to decide if you are the father of		
☐ other:		
	pondent you have the right to be represented by	
	so the attorney will be ready on the hearing date , you should contact the court immediately abou	
6. RIGHT TO TRIAL BY JURY: If yo	ou want a jury to decide the facts at the trial , yo	u must file a written request with the
	rt gives notice of the right to jury trial or 14 days n 21 days before trial. There is no right to a ju l	
hearing.		
	ther a judge or a referee may decide the facts a ial, you must file a written request with the cour	
notice of the right to a judge or 14	days after an appearance by an attorney, which	
before trial.		
	e the court because of a disability or if you requir	
	ings, please contact the court immediately to m	
	NING: You are notified that this hearing may res orary or permanent loss of your rights to the chil	
	you to the penalty for contempt of court, and a	
arrest.		,
	lidge clareture and date	
	Judge signature and date	

Summons: Order to Appear (Child Protective Proceedings)	(10/20)
Page 2 of 2	

Signature

No.			
	lo	lo	lo

PROOF OF SERVICE

TO PROCESS SERVER: You are to serve the summons and petition in accordance with MCR 3.920(B)(5) and the instructions of the court. You must make and file your return with the court clerk. If you are unable to complete service you must complete item 3 and return this original and all copies to the court clerk.

	CEF	RTIFICATE / AI	FFIDAVIT OF SER	VICE / NO	ONSERVICE
			or certified mail (cop ttachments listed be		ırn receipt attached)
☐ I have attempted unable to comple		ımmons and pe	etition, together with	the atta	chments listed below, and have been
Name				Date and time of service	
Place or address of service					
Attachments (if any)					
I declare under the period to the best of my infe				been ex	camined by me and that its contents are true
Service fee \$	Miles traveled	Fee \$		Sign	ature
Incorrect address fee	Miles traveled	Fee \$	TOTAL FEE	Nam	ne (type or print)
, , , , , , , , , , , , , , , , , , ,		Ψ		Title	(if applicable)
	•		ff, deputy sheriff, or othe	er person lis	sted in MCL 600.1910(b), this return must be notarized.
Subscribed and swo	rn to before me	e on Date			
			Deputy cle	erk/Notary p	public signature
My commission exp	ires on				
Notary public, State	of Michigan, C	ounty of	Name (typ		a in the County of
					a remote electronic notarization platform.
		ACKNO	WLEDGMENT OF	SERVIC	ΞE
I acknowledge that I	have received	service of the	summons and petit	tion, toge	ther with
Attachments					on Date and time
			on behalf of	f	