|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State of Michigan  {{ trial\_court }}  {{ trial\_court.address.county }} | **Proof of Service** | | | Case No.  {{ docket\_number }} |
| Court Address |  | | | Court telephone no. |
| {{ trial\_court.address.on\_one\_line() }} | | | | {{ trial\_court.phone\_number }} |
| Plaintiff  {{ plaintiffs.name }}  {{ plaintiffs.address.block() }}  {{ plaintiffs.phone\_number }} | | v | Defendant  {{ defendants.name }}  {{ defendants.address.block() }}  {{ defendants.phone\_number }} | |
| Plaintiff’s Attorney {{ plaintiffs\_attorney.bar\_number }}  {{ plaintiffs\_attorney.name }}  {{ plaintiffs\_attorney.address.block() }}  {{ plaintiffs\_attorney.phone\_number }} | |  | Defendant’s Attorney {{ defendants\_attorney.bar\_number }}  {{ defendants\_attorney.name }}  {{ defendants\_attorney.address.block() }}  {{ defendants\_attorney.phone\_number }} | |

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I served the other parties or their attorneys with copies of the following documents (select all that apply):

Date

□ Notice of Hearing and Motion

□ Proposed Order

This form is titled “ORDER” on the top. It is a *proposed* order because it is not signed by a judge yet. **Check this box if** you are serving a mostly blank order after filing it with the court along with your Notice of Hearing and Motion.

□ Fee Waiver Request

□ Order

This form is titled “ORDER” on the top**. Check this box if** you are serving the complete order, signed by the judge.

I served the documents by:

□ E-mail to the following parties or their attorneys (write the name **and email**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ First-class mail to the following parties or their attorneys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Date |  | Signature |  |
|  |  |  |  |
|  |  | Printed Name |  |