

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	INFORMATION FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
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Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

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

Witnesses _____

STATE OF MICHIGAN, COUNTY OF _____
IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described, the defendant:

and against the peace and dignity of the State of Michigan.

Prosecuting Attorney

Date

By: _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	COMPLAINT FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
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Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v	Victim or complainant Complaining witness
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Codefendant(s) (if known)	Date: On or about
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City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID
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Police agency report no.	Charge	Maximum penalty
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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; margin-left: 100px;"><small>Date</small></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 JUDICIAL CIRCUIT	SUMMONS FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
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Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v					Victim or complainant	
Codefendant(s) (if known)					Complaining witness	
Date: On or about					Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID		
Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>	<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant Sex	Defendant Race	
Police agency report no.	Charge			Maximum penalty		

A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.

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,

THE COURT FINDS probable cause to believe the defendant committed the offense(s) set forth.

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

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 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/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		
\$		\$		Signature
Incorrect address fee	Miles traveled	Fee	TOTAL 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

_____ on _____
 Attachments Date and time

_____ on behalf of _____
 Signature

CERTIFICATE OF MAILING BY COURT OR PROSECUTOR

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

 Court Clerk/Prosecutor signature and date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	BINDOVER/TRANSFER AFTER PRELIMINARY EXAMINATION FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
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Court address _____ Court telephone no. _____

District Court ORI: MI- _____ Circuit Court ORI: MI- _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v					Victim or complainant	
Codefendant(s) (if known)					Complaining witness	
Date: On or about					Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID		
Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>	<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant Sex	Defendant Race	
Police agency report no.	Charge			Maximum penalty		

A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.

Date: _____ District judge: _____

Reporter/Recorder	Cert. no.	Represented by counsel	Bar no.
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EXAMINATION WAIVER

1. I, the defendant, understand:
 - a. I have a right to employ an attorney.
 - b. I may request an appointed attorney if I am financially unable to employ one.
 - c. I have a right to a preliminary examination where it must be shown that a crime was committed and probable cause exists to charge me with the crime.
2. I voluntarily waive my right to a preliminary examination and understand that I will be bound over to circuit court on the charges in the complaint and warrant (or as amended).

Defendant attorney _____ Bar no. _____ Defendant _____

I consent to this waiver: _____
Prosecuting attorney _____ Bar no. _____

ADULT BINDOVER

3. Examination was waived on _____ .
Date _____
4. Examination was held on _____ and it was found that probable cause exists to believe both that an offense not cognizable by the district court has been committed and that the defendant committed the offense.
Date _____
5. The defendant is bound over to circuit court to appear on _____ at _____ .
Date _____ Time _____
 on the charge(s) in the complaint.
 on the amended charge(s) of _____
 _____ MCL/PACC Code _____
6. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

JUVENILE BINDOVER/TRANSFER

- 3. Examination was waived on _____ .
Date
- 4. Examination was held on _____ and it was found that
Date
 - there is probable cause that a life offense occurred and there is probable cause that the juvenile committed the life offense.
 - there is no probable cause that a life offense occurred or there is no probable cause that the juvenile committed the life offense, but some other offense occurred that if committed by an adult would constitute a crime, and there is probable cause to believe the juvenile committed that offense.
- 5. The juvenile is bound over to circuit court criminal division to appear on _____ at _____ .
Date Time
 - on the charge(s) in the complaint.
 - on the amended charge(s) of _____
 - _____ MCL/PACC Code _____ .
- 6. This case is transferred to the family division of the circuit court for further proceedings
 - immediately.
 - on _____ at _____ .
Date Time
- 7. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

CERTIFICATION

I certify that on this date I have transmitted to the _____ circuit court criminal division the prosecutor's authorization for a warrant application, the complaint, a copy of the register of actions, and any recognizances received.

Court clerk signature and date

Note: Send a copy of this bindover to the Michigan State Police Criminal Justice Information Center.