Approved, SCAO Original - Court 2nd copy - Plaintiff
Approved, SCAO 1st copy - Defendant 3rd copy - Return

STATE OF MICHIGAN		CASE NUMBER
JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	SUMMONS	
Court address		Court telephone number
Plaintiff's name, address, and telephone numb	per Defendant's name	, address, and telephone number
	v	
Plaintiff's attorney bar number, address, and te	elephone number	
	y to you and provide any required information. Submit this for 21). The summons section will be completed by the court cl	
family members of the person(s) will There is one or more pending or rethe family or family members of the confidential case inventory (MC 21	esolved cases within the jurisdiction of the family e person(s) who are the subject of the complain	division of the circuit court involving t. I have separately filed a completed amily division of the circuit court involving
 MDHHS and a contracted health pl the complaint will be provided to MI There is no other pending or resolv complaint. 	I or part of the action includes a business or cor lan may have a right to recover expenses in this DHHS and (if applicable) the contracted health yed civil action arising out of the same transaction s or other parties arising out of the transaction or	s case. I certify that notice and a copy of plan in accordance with MCL 400.106(4). on or occurrence as alleged in the
been previously filed in \Box this co	urt, 🗆	Court, where
it was given case number	and assigned to Judge	
The action $\ \square$ remains $\ \square$ is no lo	onger pending.	
Summons section completed by court clerk.	SUMMONS	
NOTICE TO THE DEFENDANT: In th	ne name of the people of the State of Michigan y	ou are notified:

- 1. You are being sued.
- 2. YOU HAVE 21 DAYS after receiving this summons and a copy of the complaint to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside of Michigan).
- 3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
- 4. 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.

Issue date	Expiration date*	Court clerk

^{*}This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

Case Number

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the summons and complaint and file proof of service with the court clerk before the expiration date on the summons. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE OF SERVICE / NONSERVICE					
☐ I served ☐ personally ☐ by registered or certified mail, return receipt requested, and delivery restricted to the the addressee (copy of return receipt attached) a copy of the summons and the complaint, together with the attachments listed below, on:					
☐ I have attempted to serve a copy of the summons and complaint, together with the attachments listed below, and have been unable to complete service on:					
Name				Date and time of service	
Place or address of service	ce			·	
Attachments (if any)					
,					
 □ I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party. □ I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate 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)	
ACKNOWLEDGMENT OF SERVICE					
I acknowledge that I have received service of a copy of the summons and complaint, together with					
Attachments (if any)				on	
			on behalf of		
Signature			5 35.14.1 51 _		

Name (type or print)