

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">MOTION AND ORDER TO CLOSE PROCEEDINGS TO PUBLIC</p>	<p>CASE NO. PETITION NO.</p>
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Court address

Court telephone no.

1. In the matter of
name(s), alias(es), DOB

MOTION

2. I am the representative for _____
Name(s)

_____ and I request that

a. the proceedings during the testimony of the child witness(es) be closed to the public.

b. the proceedings during the testimony of the victim(s) be closed to the public.

3. The welfare of the child witness(es) or the victim(s) requires the closing of the proceedings during the testimony of the child witness(es) or the victim(s) for the following reasons:

Date

Attorney signature

Signature of person making motion

Name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, and zip Telephone no.

City, state, and zip Telephone no.

ORDER

4. Date of hearing: _____ Judge/Referee: _____
Bar no.

IT IS ORDERED:

5. The motion is denied.

6. The motion is granted for the following reasons:

Date

Judge

NOTE: If the motion is granted, the court must send a copy of the order to the State Court Administrative Office pursuant to MCR 8.116(D)(3).

Do not write below this line - For court use only