

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SUMMONS Criminal	CASE NO. DISTRICT CIRCUIT
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ORI	Court address	Court telephone no.
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THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ v Defendant's name and address	Victim or complainant _____ Complaining witness _____ Date: On or about _____			
Codefendant(s) (if known)				
City/Twp./Village	County in Michigan	Defendant CTN	Defendant SID	Defendant DOB
Police agency report no.	Charge	Maximum penalty		
Witnesses		Defendant DLN		

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,

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN _____

TAKE NOTICE: YOU ARE SUMMONED TO APPEAR for arraignment on _____
Day and date

at _____, at the address above _____, Michigan,
Time Location

before the presiding judge. If you fail to appear, a warrant will be issued for your arrest upon the prosecutor's request.

This summons expires on the date of hearing. If you require special 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.

Requested on _____ by: Date
_____ Prosecuting official

Date

Judge/Magistrate

Bar no.

SUMMONS, Criminal

Case No. _____

PROOF OF SERVICE

CERTIFICATE/AFFIDAVIT OF SERVICE/NONSERVICE

OFFICER CERTIFICATE

OR

AFFIDAVIT OF PROCESS SERVER

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notary not required)

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notary required)

- I served personally a copy of the summons,
- I served by registered or certified mail (copy of return receipt attached) a copy of the summons,

together with _____, on: _____
Attachment

Defendant's name	Complete address(es) of service	Day, date, time

I have personally attempted to serve the summons, together with _____
Attachment

_____ on _____
Name

at _____ and have been unable to complete service.
Address

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Signature _____

Name (type or print) _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons, together with _____
Attachment

_____ on _____
Day, date, time

Signature _____ on behalf of _____