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

STATE OF MICHIGAN		CASE NO.
JUDICIAL DISTRICT	OLIMAN ON O	
JUDICIAL CIRCUIT	JUDICIAL CIRCUIT SUMMONS	
COUNTY PROBATE		
Court address		Court telephone no.
Plaintiff's name(s), address(es), and telephone	no(s)	fendant's name(s), address(es), and telephone no(s).
riaman o riamo(o), address(co), and tolephone	201	oridant o namo(o), address(oo), and tolophone mo(o).
	V	
Plaintiff's attorney, bar no., address, and telepho	one no.	
		on. Submit this form to the court clerk along with your complaint and,
if necessary, a case inventory addendum (form	MC 21). The summons section will be com	pleted by the court clerk.
family members of the person(s) w  There is one or more pending or re the family or family members of the confidential case inventory (form M  It is unknown if there are pending of the family or family members of the  Civil Case	ho are the subject of the complaint solved cases within the jurisdiction a person(s) who are the subject of the C 21) listing those cases.  For resolved cases within the jurisdict person(s) who are the subject of the	n of the family division of the circuit court involving the complaint. I have separately filed a completed ction of the family division of the circuit court involving the complaint.
<ul><li>☐ MDHHS and a contracted health pl the complaint will be provided to M</li><li>☐ There is no other pending or resolv</li></ul>	an may have a right to recover exp DHHS and (if applicable) the contra	usiness or commercial dispute under MCL 600.8035.  penses in this case. I certify that notice and a copy of acted health plan in accordance with MCL 400.106(4).  Ime transaction or occurrence as alleged in the
complaint.  A civil action between these parties	or other parties arising out of the	transaction or occurrence alleged in the complaint has
been previously filed in  this co	urt, 🗆	Court, where
it was given case number	and assigned to	o Judge
The action ☐ remains ☐ is no lo	nger pending.	
Summons section completed by court clerk.	SUMMONS	
NOTICE TO THE DEFENDANT: In th	e name of the people of the State	of Michigan you are notified:
1. You are being sued.	o name of the people of the State	o. mongan you are notined.
2. YOU HAVE 21 DAYS after receivin serve a copy on the other party or 1		complaint to <b>file a written answer with the court</b> and <b>court</b> (28 days if you were served by mail or you were
served outside this state).  3. If you do not answer or take other a	action within the time allowed judg	ment may be entered against you for the relief

4. 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.

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.

demanded in the complaint.

## SUMMONS

Case No.

## PROOF OF SERVICE

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE	CERTIFICATE /	<b>AFFIDAVIT OF</b>	SERVICE	/ NONSERVICE
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	FICER CERTIFICA	··-		AVIT OF PROCESS SERVER
I certify that I am a sh				rn, I state that I am a legally competent
				a party or an officer of a corporate
and that: (notarization	not required)		party (MCR 2.103[A	s]), and that: (notarization required)
☐ I served personally☐ I served by registe			, ipt attached) a copy of the	summons and complaint,
together with				
together with List all do	cuments served with th	e summons and complain	t	
				on the defendant(s):
D.f. Jank		0	of complex	Day data time
Defendant's name		Complete address(es)	of service	Day, date, time
Lhave personally a	ttempted to serve th	ne summons and com	plaint together with any att	achments, on the following defendant(s)
	able to complete se		plaint, together with any att	actiments, on the following defendant(s)
Defendant's name		Complete address(es)	of service	Day, date, time
			ice has been examined by	me and that its contents are true to the
best of my informatio	n, knowledge, and	belief.		
Service fee Mile	es traveled Fee		Signature	
\$	\$		ŭ	
Incorrect address fee Mile	es traveled Fee	TOTAL FEE	Name (type or print)	
\$	\$	\$		
	·		Title	
Subscribed and swor	n to before me on <sub>r</sub>	)ate	· · · · · · · · · · · · · · · · · · ·	County, Michigan.
My commission expir	Date	Signatu	Ire: Deputy court clerk/Notary pu	blic
Notary public State of				
rtotary pasilo, otato t	or whoringari, Goding	, 01		
		<b>ACKNOWLEDG</b>	MENT OF SERVICE	
I acknowledge that I	have received serv	ice of the summons a	and complaint, together wi	:h
				Attachments
		on Day, date,	time	
Signature		011 b		·