STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT

## ZOOM NOTICE OF MOTION HEARING

Case	No	٠

IRIAL	COURT				
01 E Hur	ron St., P.O. Box 8645, Ann Arbor, N	Michigan 48107		(734)222-3001	
Plaintiff(s)/Petitioner(s) Name:			Defendant(s)/Respondent	Defendant(s)/Respondent(s) Name:	
		V			
n tha	matter of				
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1.	Motion Title(s):				
1.	Motion Title(s)				
2.	Moving Party:				
	Attorney for Moving Party:				
	Phone Number of Attorney/	Moving Party:	<del> </del>		
3.	Responding Attorneys/Parties (include Bar No.(s))				
4.	Names AND Email Addresse	s for ALL attorneys/partie	s who will attend the hear	ring:	
It is	the responsibility of the movin	g party to notify all parties ir	volved of the assigned heari	ng date AND Zoom Meeting ID.	
	Nama		Em	Email Address	
	Name		EIII	Email Address	
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Signature of moving attorney or party		Date			
	ALL BEL	OW INFORMATION WILI	L BE FILLED IN BY THE CO	OURT ONLY	
	NOTICE OF HEARING				
Judge		Date and Time			
Juuge		Date and Time			
	<b>ZOOM MEETING ID:</b> _				