

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR ALTERNATE SERVICE EX PARTE	CASE NO. PETITION NO.
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Court address _____ Court telephone no. _____

1. In the matter of
name(s), alias(es), DOB _____
2. Date of hearing (if any): _____ Judge/Referee: _____ Bar no. _____
3. **THE COURT FINDS** that personal service of the summons upon _____
Name
 - a. is impracticable or cannot be achieved.
 - b. cannot be made because the whereabouts of this person have not been determined after reasonable effort.

IT IS ORDERED:

4. Service of the summons and a copy of this order may be made by
 - a. registered or certified mail to

Name Address

City, state, and zip

- b. tacking or firmly affixing to the door at _____
- c. delivering at _____

to a member of the person's household who is of suitable age and discretion to receive process, with instructions to deliver it promptly to the person named in the summons.

- d. other: _____

- e. providing notice of the hearing through publication in _____ (Use form JC 32 or JC 32a for publishing the hearing notice.)

Specify location(s)

For each method used, proof of service must be promptly filed with the court.

5. The motion for alternate service is denied.

Recommended by: _____ Date _____
Referee signature

Date Judge Bar no.

Do not write below this line - For court use only

PROOF OF SERVICE

I served a copy of the summons and a copy of the order for alternate service upon

_____ by
Name

1. registered or certified mail to _____, on
Address
_____.
Date

2. tacking or firmly affixing to the door at _____, on
Address
_____.
Date

3. delivering at _____, on _____
Address Date
to a member of the person's household who is of suitable age and discretion to receive process, with instructions to deliver it promptly to the person named in the summons.

4. other: _____
_____, on _____.
Date

5. publication. Required information was sent to _____, on _____
Name of publication and location
_____.
Date

Signature

Title

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

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

Notary public, State of Michigan, County of _____