

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>SUMMONS Criminal</b>	<b>CASE NO.  DISTRICT CIRCUIT</b>
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<b>ORI MI-</b>	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  Codefendant(s) (if known)	Victim or complainant  Complaining witness  Date: On or about			
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 \_\_\_\_\_ m., 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/Court clerk

\_\_\_\_\_ Bar no.

**SUMMONS, Criminal**

Case No. \_\_\_\_\_

**PROOF OF SERVICE**

**CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE**

**OFFICER CERTIFICATE**

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)

**OR**

**AFFIDAVIT OF PROCESS SERVER**

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 \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ and have been unable to complete service.  
Attachment  
Name  
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	<b>TOTAL FEE</b>
\$		\$	\$

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 \_\_\_\_\_, on \_\_\_\_\_, on behalf of \_\_\_\_\_.  
Attachment  
Day, date, time  
Signature