

FOC address FOC telephone no.
 210 S. Highlander Way, Howell, MI 48843 (877) 543-2660

Plaintiff name(s), address(es), and telephone no(s).
Plaintiff name(s), address(es), and telephone no(s).

v

Defendant name(s), address(es), and telephone no(s).
Defendant name(s), address(es), and telephone no(s).

STIPULATION AND REQUEST

The Parties agree to the adjournment of the hearing on Plaintiff's Defendant's motion titled: _____, presently set for hearing on _____ at _____ am/pm, before _____.
Name of Referee

This is the 1st 2nd 3rd ____ adjournment of this matter. The parties request that the Referee approve an adjournment of this matter pursuant to MCR 3.215(C)(2) for the following reason(s):

This adjournment is being requested without the other party's consent for the following reason(s):

The parties, by their signatures below, agree to the adjournment as provided in this document.

Plaintiff/Attorney Signature	Date	Defendant/Attorney Signature	Date
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REFEREE RESPONSE

The Referee approves does not approve the above request for adjournment for the following reason(s): _____

 Referee Date

NOTICE OF ADJOURNMENT AND CERTIFICATE OF MAILING

The hearing is adjourned to _____ at _____ am/pm, before _____. A copy of this document was mailed to the parties or their attorneys by first-class mail to the above addresses.

 FOC Representative Date