

STATE OF MICHIGAN 44 TH CIRCUIT COURT	REQUEST FOR USE OF COMMUNICATION EQUIPMENT PURSUANT TO MCR 2.402	CASE NO:
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Court Address:
204 S. Highlander Way, Howell, MI 48843

Phone Number:
(517) 546-9816

Plaintiff / Attorney name, address, and telephone no.	VS	Defendant / Attorney, name, address and telephone no.
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NOTE: This request must be filed at least 7 days before the hearing date and applies only to the hearing date and time stated below.

1. I request the court to allow my participation at the _____ scheduled
Type of Hearing (motion, pretrial, etc.)
before the court on _____, before _____, to be by
Date and Time Hearing Officer

telephone and at my expense for the following reasons:

2. I have, or, have not contacted the other party to see if they would agree to my participation in this hearing via telephone. *if other party consents, have them sign this form on appropriate line below
3. This request is being made with, or, without the other party's consent.
4. I served a copy of this Request upon all parties and/or their attorneys, at the address written above, by first class U.S. mail on _____.

Requesting Party Signature / _____
Date

Signature of Consenting Party / _____
Date

COURT AUTHORIZATION

THE ABOVE REQUEST IS AUTHORIZED.

THE ABOVE REQUEST IS NOT AUTHORIZED.

Date _____

Signature of Court / Court Staff