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STATE OF MICHIGAN 44TH JUDICIAL CIRCUIT FAMILY DIVISION LIVINGSTON COUNTY	**PRAECIPE** **REFEREE HEARINGS** **JUDGE L. SUZANNE GEDDIS**	Case No. Receipt No. $

Circuit Court Clerk: 204 S. Highlander Way, Ste. 4, Howell, MI 48843 (517) 546-9816

FOC Office: 210 S. Highlander Way, Howell, MI 48843 (877) 543-2660

Plaintiff Name(s)		Defendant Name(s)
Address and Telephone No. (Defendant or Attorney)	V	Address and Telephone No. (Defendant or Attorney)

For motions that affect support, custody, or parenting time, the following filing fees apply:
(Notice: If a motion requests combined relief, the higher motion fee applies.)

- ☐ **$60.00 Filing Fee** $20.00 motion fee + $40.00 *fee for* ***post-judgment support only issues.***
- ☐ **$100.00 Filing Fee** $20.00 motion fee + $80.00 fee *for* ***post-judgment custody or parenting-time issues.***
- ☐ **$20.00 Motion fee** ***Pre-judgment motions and/or motions that do not include support, custody, or parenting time*** *issues.*

1. Please place the following motion on the motion calendar for: _____
Select the motion date using the motion calendars below.

☐ **JUDGE L. SUZANNE GEDDIS—REFEREE MOTION HEARINGS**
P-35307

- ☐ Cases ending in: 3,5,7,9: TUESDAY MORNINGS before Referee Michelle Ziel-Warner
- ☐ Cases ending in: 2,4,6,8: TUESDAY AFTERNOONS before Referee David M. Huntley
- ☐ Cases ending in: 0,1: TUESDAY MORNINGS before Referee Jason Blevins

Time of the hearing to be set by the Friend of the Court. A notice of hearing will be sent with the time of the hearing and the zoom information needed to log into the Referee's Hearing room. Time may not allow for witnesses

- **HEARING DATE & TIME MUST BE SCHEDULED THROUGH THE CLERK'S OFFICE:** (517) 546-9816
- **REFEREE MOTIONS WILL BE HELD VIA ZOOM**
- **ADJOURNMENT POLICY:** Adjournments require approval through a stipulation and request, or by motion and notice of hearing. Stipulation and requests for adjournment may be faxed to the FOC at (517) 552-2312, "Attention: Referee Coordinator." If you require special accommodations to use the Court because of a disability, please contact the Court immediately to make arrangements. Please provide your case number when contacting the Court.

2. Motion Title: _____

3. Moving Party: _____

Date: _____ **Attorney/Moving Party:** _____ **Bar No.** _____
(Signature)

Revised: 06/17/2026