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| STATE OF MICHIGAN 44TH JUDICIAL CIRCUIT FAMILY DIVISION LIVINGSTON COUNTY | <u>PRAECIPE</u> REFEREE HEARINGS JUDGE L. SUZANNE GEDDIS | Case No. _____ Receipt No. _____ \$ _____ |
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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

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

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| Defendant Name(s) |
| 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.

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| <input type="checkbox"/> JUDGE L. SUZANNE GEDDIS—REFEREE MOTION HEARINGS P-35307 Cases ending in: 0,1,2,3: TUESDAY MORNINGS before Referee Michelle Ziel-Warner Cases ending in: 4,5,6: TUESDAY AFTERNOONS before Referee David M. Huntley Cases ending in: 7,8,9: 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 |
| <ul style="list-style-type: none"> • 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, "<u>Attention: Referee Coordinator.</u>" 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)