

<b>STATE OF MICHIGAN 44TH JUDICIAL CIRCUIT FAMILY DIVISION LIVINGSTON COUNTY</b>	<b><u>PRAECIPE</u> REFEREE HEARINGS JUDGE SUSAN LONGSWORTH</b>	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

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

v

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.*

<input type="checkbox"/> <b>JUDGE SUSAN LONGSWORTH—REFEREE MOTION HEARINGS</b> P-65575	<b>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</b>
<input type="checkbox"/> Odd numbered cases: TUESDAY MORNINGS before Referee Michelle Ziel Warner	
<input type="checkbox"/> Even numbered cases: TUESDAY AFTERNOONS before Referee David M. Huntley	

- **HEARING DATE 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)*