

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SUMMONS Criminal	CASE NO. DISTRICT CIRCUIT
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ORI MI-	Court address	Court telephone no.
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THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ v Defendant's name and address	Victim or complainant _____ Complaining witness _____			
Co-defendant(s)	Date: On or about			
City/Twp./Village	County in Michigan	Defendant CTN	Defendant SID	Defendant DOB
Police agency report no.	Charge	Maximum penalty		
Witnesses		Defendant DLN		

STATE OF MICHIGAN, COUNTY OF _____ .
 The complaining witness has filed a sworn complaint in this court stating that on the date and the location described, the defendant, contrary to law,

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN _____

TAKE NOTICE: YOU ARE SUMMONED TO APPEAR for arraignment on _____
Day and date
 at _____ m., at the address above _____, Michigan,
Time Location
 before the presiding judge. If you fail to appear, a warrant will be issued for your arrest upon the prosecutor's request.

This summons expires on the date of hearing. If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

Requested on _____ by:	
<small>Date</small>	
_____ Prosecuting official	

This document must be sealed by the seal of the court.

Date Judge/Magistrate/Court clerk Bar no.

SUMMONS, Criminal

Case No. _____

PROOF OF SERVICE

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

OFFICER CERTIFICATE

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notary not required)

OR

AFFIDAVIT OF PROCESS SERVER

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notary required)

- I served personally a copy of the summons,
- I served by registered or certified mail (copy of return receipt attached) a copy of the summons,

together with _____, on:
Attachment

Defendant's name	Complete address(es) of service	Day, date, time

I have personally attempted to serve the summons, together with _____, on _____, at _____ and have been unable to complete service.
Attachment
Name
Address

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature

Name (type or print)

Title

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____ Deputy court clerk/Notary public

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons, together with _____, on _____, on behalf of _____.
Attachment
Day, date, time
Signature