

180 Ottawa Ave. NW, Grand Rapids, MI 49503

(616) 632-5480

PLAINTIFF: Full Name and Address

DEFENDANT: Full Name and Address

The Plaintiff states:

1. The Plaintiff filed a Complaint on _____.
Date
2. The Summons and Complaint were served on the Defendant on _____.
Date
3. A proof of service is on file with the Court.
4. An Affidavit and Entry of Default were filed on _____.
Date

Plaintiff requests the Court enter a default judgment in this matter.

Date

Signature

NOTICE OF HEARING

A Hearing will be held on this Motion on _____(month) _____(day), _____(year),
at _____am/pm before the Honorable _____ (appear before Referee
_____ in Courtroom _____) at the Kent County Courthouse located at 180
Ottawa Ave. NW, Grand Rapids, MI 49503. If you require special accommodations to use the
Court because of a disability, please contact the court to make arrangements.

The hearing must be scheduled at least 14 days from the date this motion is filed.

An interpreter who speaks _____ is required for the Plaintiff / Defendant.
Attached is a completed Request and Order for an Interpreter (MC 81).

CERTIFICATE OF SERVICE

I certify that I served a copy of this document and a **proposed judgment** on the other party or
their attorney by:

- First class mail addressed to their last known address as directed by MCR 3.203.
- Hand delivery as directed by MCR 2.107(C).

Date

Signature