Original - Court 2nd copy - Plaintiff
Approved, SCAO 1st copy - Defendant 3rd copy - Return

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STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	SUMMONS		CASE NO.
Court address			Court telephone no.
Plaintiff's name(s), address(es), and telephone i	no(s).	Defendant's name(s), a	address(es), and telephone no(s).
	v		
Plaintiff's attorney, bar no., address, and telepho	one no.		
Instructions: Check the items below that apply if necessary, a case inventory addendum (form			to the court clerk along with your complaint and, clerk.
(form MC 21) listing those cases.	person(s) who are the subject resolved cases within the juris	of the complaint. A sdiction of the fami	ivision of the circuit court involving ttached is a completed case inventory ly division of the circuit court involving
 This is a business case in which all MDHHS and a contracted health plather the complaint will be provided to MI There is no other pending or resolve complaint. 	an may have a right to recover DHHS and (if applicable) the coed civil action arising out of the	expenses in this contracted health plasame transaction	nercial dispute under MCL 600.8035. ase. I certify that notice and a copy of an in accordance with MCL 400.106(4). or occurrence as alleged in the ccurrence alleged in the complaint has
			Court, where
it was given case number	and assigne	d to Judge	
The action \square remains \square is no lo	nger pending.		
Summons section completed by court clerk.	SUMMONS		
	g this summons and a copy of t	he complaint to file he court (28 days	e a written answer with the court and if you were served by mail or you were

- 3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
- 4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

^{*}This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

SUMMONS

Case No.

PROOF OF SERVICE

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE /	AFFIDAVIT OF	SERVICE	NONSERVICE
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	OFFICER CI	ERTIFICATE		OR	☐ AFFIDAVIT OF PROCE	SS SERVER
I certify that I am a sheriff, deputy sheriff, bailiff, appointed			Being first duly sworn, I state that I am a legally competent			
court officer, or at					adult, and I am not a party or an officer of a corporate	
and that: (notariza		• •	[][-]/,		party (MCR 2.103[A]), and that: (no	
☐ I served persor	nally a copy o	of the summo			tached) a copy of the summons and o	
together with						
List a	all documents se	rved with the sur	mmons and complai	int		_
						on the defendant(s):
Defendant's name		C	omplete address(es	s) of serv	rice	Day, date, time
☐ I have personal and have been				nplaint	, together with any attachments, on the	e following defendant(s)
Defendant's name		C	omplete address(es) of serv	ice	Day, date, time
I declare under th	•		•	vice ha	as been examined by me and that its	contents are true to the
Service fee	Miles traveled	Fee	7	Cic	anatura	
\$		\$		Sig	gnature	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE	Na	ame (type or print)	
\$	iviiioo tiavoioa	\$	\$			
*			1,	□ Titl	le	
Subscribed and s	worn to befor	e me on			-,-	County, Michigan.
		Date			- ,	
My commission e	xpires:		Signat	ture:	eputy court clerk/Notary public	
Notary public, Sta	te of Michiga	n, County of				
• • •	0					
			ACKNOWLEDO			
I acknowledge that	at I have rece	ived service	of the summons	and co	omplaint, together with Attachments	
					Attachments	
			on _ Day, date	e time		
			•		of	
Signature			on	nenait	of	·