

STATE OF MICHIGAN 43 <sup>rd</sup> JUDICIAL CIRCUIT CASS COUNTY	REQUEST FOR TELEPHONIC APPEARANCE	CASE NO.
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Law & Courts Building, 60296 M-62, Cassopolis, MI 49031

269-445-4436

Plaintiff
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Defendant
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**A request by a party to appear telephonically must be submitted to and received by the Court AT LEAST 7 DAYS BEFORE THE DATE OF THE HEARING. Facsimile copies will not be accepted. A copy of the request MUST be served on the other party, unless good cause is shown to waive this requirement.**

Name of Party Requesting to appear by telephone: \_\_\_\_\_

Date and Time of Hearing: \_\_\_\_\_

Phone number for the Court to contact you at the time of the hearing: \_\_\_\_\_

Purpose of Hearing: \_\_\_\_\_

What is the reason you are asking to appear by telephone?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone No.

### CERTIFICATE OF SERVICE

I certify that on this date I mailed or personally served each party, or their attorney of record, a copy of the Request For Telephonic Appearance, with all attachments, by ordinary mail to the other party's last known address, with proper postage affixed thereon.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The Request For Telephonic Hearing is  
 Approved       Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referee or Judge