CLARE COUNTY FRIEND OF THE COURT	**ADJOURNMENT REQUEST**	CASE NO.

225 W. Main Street, Harrison, Michigan 48625 (989) 539-0800

Plaintiff name, address, and telephone no	**v**	Defendant name, address, and telephone no
Plaintiff's Attorney name, address, and telephone no		Defendant's Attorney name, address, and telephone no

REQUEST FOR ADJOURNMENT

1. A Friend of the Court hearing is scheduled for _____
2. The hearing is regarding [ ] my motion [ ] the other party's motion.
3. I am requesting an adjournment of the Friend of the Court hearing because [ ] I am seeking legal counsel or legal counsel has just been retained [ ] other: _____
4. This is the [ ] 1st [ ] 2nd adjournment of this matter.
5. I contacted the other party and he or she [ ] agrees [ ] disagrees with my adjournment request.
6. This adjournment is being requested without the other party's consent for the following reason(s):_____

_____

I ask the Friend of the Court to approve my adjournment request pursuant to MCR 3.215(C)(2).

_____
Requesting Party/Attorney signature Date

By my signature below, I agree to the adjournment request as provided in this document.

_____
Other Party/Attorney signature Date

FRIEND OF THE COURT RESPONSE

The request is
[ ] approved. The Friend of the Court will file and mail a notice of hearing to all parties with a new date and time.
[ ] not approved for the following reason(s): _____

_____

_____
Friend of the Court Date

CERTIFICATE OF MAILING

A copy of this document was mailed to the parties or their attorneys by first-class mail to the last known legal addresses.

_____
FOC Representative Date