

STATE OF MICHIGAN  
20<sup>TH</sup> JUDICIAL CIRCUIT  
COUNTY OF OTTAWA  
FRIEND OF THE COURT HEARING PROCEDURE

**PLEASE NOTICE:** If you wish to participate by telephone, please send your request to use communication equipment as follows:

One copy to the opposing side and the attached **original** copy to the County Clerk at:

414 Washington Ave - Room 320  
Grand Haven, MI 49417

Please complete the form in its entirety. If you do not, the form will be returned to you for completion.

**COURT RULES REGARDING PHONE COMMUNICATION**

Any party not living in Ottawa County or any of its contiguous counties (Muskegon, Allegan, Kent) MAY participate in this hearing by telephone by following Michigan Court Rule 2.402, Use of Communication Equipment.

"A party wanting to use communication equipment must submit a written request to the Court at least seven (7) days before the day on which such equipment is sought be used and serve a copy on the other Parties." (MCR 2.402B)

"The party who initiates the use of communication equipment shall pay the cost of its use." (MCR 2.402C)

STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF OTTAWA

\_\_\_\_\_  
Plaintiff

v

\_\_\_\_\_  
Defendant

REQUEST TO USE COMMUNICATION  
EQUIPMENT - FOC MATTERS

File No: \_\_\_\_\_

Judge: \_\_\_\_\_

I, \_\_\_\_\_(print name), hereby request to participate in the hearing scheduled on \_\_\_\_\_(date of hearing) by telephone.

I hereby state that I do NOT live in Ottawa County, Michigan, or any of its contiguous counties (Muskegon, Allegan, Kent) and agree that I will be available at the following phone number, \_\_\_\_\_, on the date and time scheduled for my hearing. I understand that the Friend of the Court will place the call to me, however, the call may be delayed by the timing of court docket for that day. I agree to remain available at the phone number listed above to receive my call.

**PLEASE NOTE: the procedures for phone hearings scheduled through the Circuit Court office may be different from those of the Friend of the Court.**

Date \_\_\_\_\_

\_\_\_\_\_  
(signature)

PROOF OF SERVICE

I, \_\_\_\_\_, hereby state that on this date, I mailed a copy of this request to the ( ) Plaintiff, ( ) Defendant, at his/her last known address and **the original to the Ottawa County Clerk / Register of Deeds, 414 Washington Ave - Room 320, Grand Haven, MI 49417.**

Date \_\_\_\_\_

\_\_\_\_\_  
(signature)