

STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT	REQUEST AND ORDER FOR ZOOM APPEARANCE	Case No: Judge:
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101 E Huron St., P.O. Box 8645, Ann Arbor, Michigan 48107

(734)222-3001

Plaintiff(s)/Petitioner(s):

People of the State of Michigan

Attorney name, phone number and email address:

V

Defendant(s)/Respondent(s):

Attorney name, phone number and email address:

Case Type: Civil Criminal Domestic Probate Juvenile

Hearing Date/Time: _____

REQUEST	
Name(s) and email(s) of party/attorney making this request:	
Name	Email Address
_____	_____
_____	_____
I request permission to participate in the hearing via zoom because:	
_____ Date	_____ Signature

ORDER	
<input type="checkbox"/> The request to participate via zoom is GRANTED . The Zoom ID is: _____	
<input type="checkbox"/> Pursuant to MCR 2.407(B)(5) the Court finds this hearing is not suited for video conference. The request to participate via zoom is DENIED .	
IT IS SO ORDERED.	
_____ Judge signature and date	

THIS FORM MUST BE FILED WITH THE CLERK'S OFFICE 48 HOURS PRIOR TO THE HEARING.