

STATE OF MICHIGAN 8TH JUDICIAL CIRCUIT COURT MONTCALM COUNTY	WITHDRAWAL OF MOTION	FILE NO.
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FRIEND OF THE COURT, 629 N. STATE ST., PO BOX 305, STANTON, MI 48888 PH (989) 831-7332 FX (989) 831-7376

Plaintiff name and address	Defendant name and address
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On _____, I signed a motion to modify _____
and filed it with the Friend of the Court Office. I hereby request that said motion be withdrawn and the
hearing scheduled for _____ regarding this matter be canceled.

Date	Signature
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DO NOT WRITE BELOW THIS LINE (FOR FOC ONLY)

NOTICE OF CANCELLATION OF HEARING

The hearing scheduled for _____ on the motion filed in this matter is
canceled.

CERTIFICATE OF MAILING

I hereby certify that on this date I mailed a copy of this notice to the parties listed above to their last
known addresses by ordinary mail.

Date	Friend of the Court Representative
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