

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

IN THE MATTER OF: _____

1. I am interested in the matter as _____

2. I waive notice of hearing and consent to the application/petition for (Nature of application/petition and name of applicant/petitioner)

_____ and I declare that I have received a copy of this application/petition.

3. I waive notice of hearing concerning _____
(Nature of hearing)

Date

Signature

Attorney name (type or print)

Bar no.

Name

Address

Address

(city, state, zip)

(city, state, zip)