

PROOF OF SERVICE

STATE OF MICHIGAN, COUNTY OF _____

I certify that on _____ at _____, I personally served the original writ of habeas
Date Time
corpus on _____.
Name

Date Signature

Required only under MCR 3.303

ANSWER

STATE OF MICHIGAN, COUNTY OF _____

I, _____, state:
Name

1. I do not have _____ under my custody, power, or restraint.
Person named in writ

2. On _____ by authority of _____,
Date
_____ was released.
 transferred to _____ (exhibits attached).
Location

3. I have _____ under my custody, power, or restraint under a
Person named in writ
 warrant charging the prisoner with the offense of _____
 commitment
 other: _____

issued by _____ . A copy of the document is attached and the original
Name
will be produced at the hearing.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date Signature

Title

When required by MCR 3.303(L)(2).

NOTICE TO PROSECUTING ATTORNEY

TO: The prosecuting attorney of _____ County

You are notified that the annexed writ of habeas corpus has been issued. _____
is believed to have custody of the prisoner. Name/Title/Agency

Date Prisoner Attorney/Bar no.

Address

City, state, zip Telephone no.