## STATE OF MICHIGAN

IN THE C	IRCUIT COURT F	FOR THE COUNTY OF
v	Plaintiff,	File No HON
	Defendant.	_,
	_ PLAINTIFF'S _	DEFENDANT'S WITNESS LIST
1		Address:
2		Address:
3		Address:
4		Address:
5		Address:
*Attach additional	pages if needed	
Date:		Signature

## **Certificate of Mailing**

I certify that	on th	nis date I mailed a copy of this Witness List on _		
name of party) at			(address of service)	
by:				
	0	First class mail,		
	0	Certified mail, return receipt requested, or		
	0	Delivery of a copy in person.		
Date:				
Date	-	Signature		