

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION FOR CONSOLIDATION	CASE NO.
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Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney, bar no., address, and telephone no.

MOTION

Pursuant to MCR 2.505(A), the following actions pending before this court involve a substantial and controlling common question of law or fact.

<u>Case Number</u>	<u>Case Name</u>	<u>Assigned Judge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I REQUEST that the court consolidate these actions.

Date

Signature

Name (type or print)

NOTICE OF HEARING

A hearing is scheduled on this matter on _____ at _____
Date Time

at _____ before Hon. _____
Location Bar no.

Date

Signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date

Signature