Alternate Service

(MC 303, MC 307, MC 304)

When to Use:	• You have filed a case; **and** • You need to serve the other party a copy of the summons and complaint; **and** • You have tried to have the other party served several times without success.
Filing Fees:	$20
Where to File:	https://mifile.courts.michigan.gov
Additional Information:	**Grand Haven Tribune** 101 N. 3rd St. Grand Haven, MI 49417 (616) 842-6400 **Holland Sentinel** 54 W. 8th St. Holland, MI 49423 (616) 546-4200

Approved, SCAO

Original - Court
1st copy - Serving party
2nd copy - Extra

STATE OF MICHIGAN 20TH JUDICIAL DISTRICT Ottawa JUDICIAL CIRCUIT COUNTY PROBATE	MOTION AND VERIFICATION FOR ALTERNATE SERVICE	CASE NO.

Court address

12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.

(616) 846-8315

Plaintiff name(s), address(es), and telephone no(s).	v	Defendant name(s), address(es), and telephone no(s).

In the matter of _____

1. Service of process upon _____ cannot reasonably be made as otherwise provided in MCR 2.105, as shown in the following verification of process server.
2. Defendant's last known home and business addresses are:

Home address	City	State	Zip
Business address	City	State	Zip

a. I believe the ☐ home ☐ business address shown above is current.

b. I do not know the defendant's current ☐ home ☐ business address. I have made the following efforts to ascertain the current address: _____

3. I request the court order service by alternate means.

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

Date _____ Plaintiff/Plaintiff's attorney signature _____

Address _____ Name (type or print) _____ Bar no. _____

City, state, zip _____ Telephone no. _____

VERIFICATION OF PROCESS SERVER

1. I have tried to serve process on this defendant as described: State date, place, and what occurred on each occasion.

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

Date _____ Signature _____

Process server (type or print) _____

Approved, SCAO

Original - Court
1st copy - Defendant
2nd copy - Moving party
3rd copy - Return

STATE OF MICHIGAN JUDICIAL DISTRICT 20TH JUDICIAL CIRCUIT COUNTY PROBATE	ORDER FOR SERVICE BY PUBLICATION/POSTING AND NOTICE OF ACTION	CASE NO.

Court address
12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.
(616) 846-8315

Plaintiff name(s), address(es), and telephone no(s).	v	Defendant name(s), address(es), and telephone no(s).
Plaintiff's attorney, bar no., address, and telephone no.		

TO: _____

IT IS ORDERED:

1. You are being sued in this court by the plaintiff to _____

_____. You must file your answer or take other action permitted by law in this court at the court address above on or before _____ (Date). If you fail to do so, a default judgment may be entered against you for the relief demanded in the complaint filed in this case.

2. A copy of this order shall be published once each week in _____ (Name of publication)
☐ three consecutive weeks,
for ☐ _____, and proof of publication shall be filed in this court.

3. _____ (Name) shall post a copy of this order in the courthouse, and
at _____ (Location) and
at _____ (Location)
☐ three continuous weeks,
for ☐ _____, and shall file proof of posting in this court.

4. A copy of this order shall be sent to _____ (Name) at the last-known address by registered mail, return receipt requested, before the ☐ date of the last publication, ☐ last week of posting, and the affidavit of mailing shall be filed with this court.

_____ (Date) _____ (Judge) _____ (Bar no.)

AFFIDAVIT OF PUBLISHING

Name of ☐ publisher ☐ agent of publisher	
Name of newspaper	County where published

Attach copy of publication here.

This newspaper is a qualified newspaper. The order for service was published in this newpaper at least once each week for three consecutive weeks on the following dates.

_____

_____ _____
Date Affiant signature

Subscribed and sworn to before me on _____ (Date), _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____ (Court clerk/Notary public)

Notary public, State of Michigan, County of _____

AFFIDAVIT OF POSTING

I have posted this order in a conspicuous place in the _____ courthouse and the following places as ordered by this court: _____

_____

_____

It has been posted for ☐ three continuous weeks ☐ _____ continuous weeks as ordered by this court.

_____ _____
Date Affiant signature

Subscribed and sworn to before me on _____ (Date), _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____ (Court clerk/Notary public)

Notary public, State of Michigan, County of _____

AFFIDAVIT OF MAILING

Attach mailing receipt and return receipt here.

As ordered, on _____ (Date) I mailed a copy of the summons and complaint and this order to _____ (Name) at _____ (Address).

The mailing receipt and return receipt are attached at right.

_____ _____
Date Affiant signature

Subscribed and sworn to before me on _____ (Date), _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____ (Court clerk/Notary public)

Notary public, State of Michigan, County of _____

STATE OF MICHIGAN JUDICIAL DISTRICT 20th JUDICIAL CIRCUIT OTTAWA COUNTY	ORDER REGARDING ALTERNATE SERVICE	CASE NO. and JUDGE

Court address

12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.

616-846-8315

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

THE COURT FINDS:

☐ 1. Service of process upon the defendant, _____, cannot reasonably be made as provided in ☐ MCR 2.105 ☐ MCR 2.107(B)(1)(b) and service of process may be made in a manner that is reasonably calculated to give the defendant actual notice of the proceedings and an opportunity to be heard.

IT IS ORDERED:

☐ 2. Service of the ☐ summons and complaint ☐ other: _____ and a copy of this order shall be made by the following method(s).

☐ a. First-class mail to _____.

☐ b. Tacking or firmly affixing to the door at _____.

☐ c. Delivering at _____ to a member of the defendant's household who is of suitable age and discretion to receive process, with instructions to deliver it promptly to the defendant.

☐ d. Other: _____

For each method used, proof of service must be filed promptly with the court.

☐ 3. The motion for alternate service is denied.

_____
Judge signature and date

Distribute form to:
Court
Defendant
Plaintiff
Return

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the order regarding alternate service and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE OF SERVICE / NONSERVICE

I served a copy of the ☐ summons ☐ other: _____

and a copy of the order for alternate service upon _____ by

☐ 1. First-class mail to _____ , on _____ (Date) .

☐ 2. Tacking or firmly affixing to the door at _____ , on _____ (Date) .

☐ 3. Delivering at _____ , on _____ (Date) ,

to a member of the defendant's household who is of suitable age and discretion to receive process, with instructions to deliver promptly to the defendant.

☐ 4. Other _____ (Specify) , on _____ (Date) .

☐ I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party.

☐ I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee $	Miles traveled	Fee $	
Incorrect address fee $	Miles traveled	Fee $	**TOTAL FEE** **$**

_____
Signature

_____
Name (type or print)

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of a copy of the summons and complaint, together with

_____ on _____ .
Attachments (if any) Date and time

_____ on behalf of _____
Signature

_____
Name (type or print)