Request for Ex Parte Order

NOT Custody or Parenting Time Related

(MCR 3.207, Request, Affidavit, Order)

When to Use:	A request for an ex parte order is a request for the court to enter an order without a hearing. The court cannot enter an order without a hearing unless there are extremely good reasons to do so. You **may** file a request for an ex parte order (in addition to your motion) if: • You already have an order; **and** • You want the court to enter a **temporary** order until your motion can be heard; **and** • You have **specific** facts that irreparable harm will occur if you must give the other party notice of a hearing (9 days); **or** • An adverse reaction will occur if you must give the party notice before the order is entered. Your allegations must be so startling that it makes the judge compelled to act immediately. This is not an easy standard to meet. If you think you may need an ex parte order, you should speak with an attorney.
Filing Website:	https://mifile.courts.michigan.gov
Filing Type:	**Request for Ex Parte Order** – Motion **Order** – Other **MC 20** – Fee Waiver Request (Optional)
Filing Fees:	$20 (Motion); $0 (Order)
Notes:	**Irreparable harm** – harm or injury for which no amount of monetary compensation can adequately and sufficiently make the injured party truly whole or reverse the injury.
Instructions:	1. Complete the Request for Ex Parte Order. 2. Complete the Affidavit. Include the specific reasons why you believe the court must act now, without giving the other party a chance to be heard. 3. Sign the Affidavit in front of a notary. There is a notary in the clerk's office. 4. Fill in the plaintiff and defendant contact information on the Order Regarding Request for Ex Parte Order. 5. File your paperwork electronically. See Filing Type section above. 6. If the Judge signs your order, you must serve a copy of your motion/request and order on the other party. The other

	party will be served electronically if they have registered for MiFILE. If they have not, you will need to mail a copy by first class mail or personally hand them a copy. 7. If you mail or personally hand them a copy, complete the Proof of Service. File your proof of service electronically. The filing type for the proof of service is 'Miscellaneous'. Note: An ex parte order is effective as soon as the judge signs it. However, it is not enforceable until the other party is served (receives) a copy of the order. It is your responsibility to serve a copy of all documents on the other party.
Case Information:	Your case number is: _____ You are the ☐ plaintiff ☐ defendant. You are the moving party. The date of your last order is: _____

State of Michigan 20th Circuit Court Ottawa County	Request for Ex Parte Order	Case Number

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff

☐ moving party

Name: _____

Address: _____

_____

Phone #: _____

Email: _____

Defendant

☐ moving party

Name: _____

Address: _____

_____

Phone #: _____

Email: _____

1. Prior Court Order

I have a court order regarding _____.
The date of the order is _____. I want to make changes to the part of the order that says:

_____

_____

2. Irreparable Harm

I believe the following irreparable harm (something that cannot be fixed) will occur if the court does not grant my request: _____

_____

I have written down the specific reasons why I believe this harm will occur. I have attached my sworn affidavit to this request.

3. Request for Order *(check all that apply)*

I ask the court to enter an order stating:

_____

_____

_____

I declare that the statements above are true to the best of my knowledge.

Date: _____ Signed: _____

State of Michigan 20th Circuit Court Ottawa County	**Affidavit** Sworn statement regarding request for ex parte order	**Case Number**

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff	**Defendant**
Name:	Name:

1. ☐ Irreparable harm will occur if I must schedule a hearing and give the other party the required amount of notice.

   ☐ An adverse reaction will occur if I must give notice to the other party before an order is entered.

2. The specific reasons I believe irreparable harm or an adverse reaction will occur are:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____



You must sign this form in front of a notary.

Date: _____ Signed: _____

Acknowledged before me in Ottawa County, Michigan, on _____, by _____.

_____
_____ County, Michigan
Acting in the County of _____, Michigan
My commission expires _____

State of Michigan 20th Circuit Court Ottawa County	**Order** Regarding Request for Ex Parte Order	**Case Number**

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff

Name: _____

Address: _____

_____

Phone #: _____

Defendant

Name: _____

Address: _____

_____

Phone #: _____

The Court has reviewed the ☐ plaintiff's ☐ defendant's request for an ex parte order.

☐ The pleadings submitted do not establish the likelihood that immediate and irreparable injury, loss or harm will occur before a hearing can be held, or that notice of the hearing will precipitate adverse action as required by MCR 3.207. The request for an order without a hearing is **denied**. A motion and notice of hearing may be filed with proper service to the other party.

☐ The Court has determined that irreparable harm or an adverse reaction may occur if ex-parte relief is not granted. The request for an order without a hearing is **granted** as follows:

_____

_____

_____

_____

Either party may object to this order. If an objection is filed, the court will schedule a hearing. The court may rescind or modify this order at that hearing. Otherwise, this order shall remain in effect and must be obeyed until further order of the court.

You must complete form **FOC 61** (Objection to Ex Parte Order and Motion to Rescind or Modify) if you want to object to this order. This form can be found at www.courts.mi.gov. You have 14 calendar days from the time you received this order to file your objection with the court.

_____

Circuit Court Judge

Date: _____

Time: _____

State of Michigan 20th Circuit Court Ottawa County	**Proof of Service** Request for Ex Parte Order & Order	**Case Number**

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff:

Name: _____

Address: _____

_____

Phone #: _____

Defendant:

Name: _____

Address: _____

_____

Phone #: _____

I served (gave) a copy of the following documents to the other party on (date) _____:

- ☐ **Request for Ex Parte Order (with attachments)**
- ☐ **Order Regarding Request for Ex Parte Order**
- ☐ **Other:**

I ☐ personally served the documents; **or**
I ☐ sent the documents by ordinary first-class mail to the other party's address listed above; **or**
I ☐ served the other party electronically through MiFile.

I declare that the above statement is true to the best of my knowledge.

_____ _____

Date **Signed**