

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>WRIT OF HABEAS CORPUS</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN:**

TO: \_\_\_\_\_, the agency or person having custody of

Name \_\_\_\_\_ I.D. no. \_\_\_\_\_ Date of birth \_\_\_\_\_

To bring prisoner to court in the case of:  
 People of  
**v**

To inquire into detention/custody of:

**IT IS ORDERED:**

1. Answer this writ, stating the authority under which you  restrain the prisoner.  exercise custody over the minor child.

File your answer with the  court  judge by \_\_\_\_\_  
Date

2. Deliver the person named in this writ into the custody of \_\_\_\_\_  
Name/Title/Agency

for the following purpose: \_\_\_\_\_

Immediately after the prisoner completes his/her appearance, the prisoner shall be returned to your custody.

3. Bring the person named in this writ before the Honorable \_\_\_\_\_  
Name Bar no.

at \_\_\_\_\_, on \_\_\_\_\_ at \_\_\_\_\_  
Location of court Date Time

Bring this writ with you.

4. Produce the prisoner via compatible two-way interactive video technology for the purpose indicated above on

\_\_\_\_\_ at \_\_\_\_\_  
Date Time

5. Fees are allowed in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
Date Judge Bar no.

**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

**WRIT OF HABEAS CORPUS**

Case No. \_\_\_\_\_

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. \_\_\_\_\_  
Name/Title/Agency  
is believed to have custody of the prisoner.

\_\_\_\_\_  
Date

Prisoner  Attorney/Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.