

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	WRIT OF HABEAS CORPUS	CASE NO.
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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 prosecution of _____, felony. misdemeanor.
Charge and MCL citation or PACC code

Specify purpose (witness testimony, etc.).

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 _____
Date at _____ .
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 name 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. _____
is believed to have custody of the prisoner. Name/Title/Agency

Date

Prisoner Attorney/Bar no.

Address

City, state, zip Telephone no.