

STATE OF MICHIGAN JUDICIAL <input type="checkbox"/> CIRCUIT <input type="checkbox"/> DISTRICT COUNTY <input type="checkbox"/> IN THE COURT OF APPEALS	CLAIM OF APPEAL	CASE NO. CIRCUIT DISTRICT PROBATE
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Court address Court telephone no.

Plaintiff's/Petitioner's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	v	Defendant's/Respondent's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.
<input type="checkbox"/> Probate In the matter of _____		
Other interested party(ies) of probate matter		

1. _____ claims an appeal from a final judgment or order entered on
 Name
 _____ in the _____ Court of the State of Michigan,
 Date Court name and number or county
 by district judge circuit judge probate judge district court magistrate

 Name of judge or district court magistrate Bar no.

2. Bond on appeal is filed. attached. waived. not required.
3. a. The transcript has been ordered.
 b. The transcript has been filed.
 c. No record was made.

4. THIS CASE INVOLVES
- a. A CONTEST AS TO THE CUSTODY OF A MINOR CHILD.
 - b. AN ADULT OR MINOR GUARDIANSHIP UNDER THE ESTATES AND PROTECTED INDIVIDUALS CODE OR UNDER THE MENTAL HEALTH CODE.
 - c. AN INVOLUNTARY MENTAL HEALTH TREATMENT CASE UNDER THE MENTAL HEALTH CODE.
 - d. A RULING THAT A PROVISION OF THE MICHIGAN CONSTITUTION, A MICHIGAN STATUTE, A RULE OR REGULATION INCLUDED IN THE MICHIGAN ADMINISTRATIVE CODE, OR ANY OTHER ACTION OF THE LEGISLATIVE OR EXECUTIVE BRANCH OF STATE GOVERNMENT IS INVALID.

 Date Appellant/Attorney signature

PROOF OF SERVICE

I certify that copies of this claim of appeal and bond (if required) were served on

 Name on _____ by personal service. first-class mail.
 Date

 Name on _____ by personal service. first-class mail.
 Date

 Name on _____ by personal service. first-class mail.
 Date