Michigan Court of Appeals

ARE WE MEETING YOUR EXPECTATIONS?

We would like to hear both the good news and the critical but constructive suggestions. If you recently had a satisfying or dissatisfying experience at the Court or encounter with a staff person, please fill out this form and either email it or print it out and mail it.

Nature of Experience/Encounter:

_____

Date of Experience/Encounter: _____

Approximate Time of Experience/Encounter: _____

Location: [ ]

Name of Staff, if applicable: _____

Case Docket Number and Name: _____

Your Name, Email Address or Phone Number:

_____

Would you like a response by email or phone call? ◯ Yes ◯ No

Comments:

Attach additional sheet, if necessary.

Mail to:

Comment Form c/o Chief Clerk
Michigan Court of Appeals
Hall of Justice
P.O. Box 30022
Lansing, MI 48909-7522

Submit by Email

Print Form

Clear Form