

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	APPLICATION FOR LEAVE TO APPEAL AND NOTICE OF HEARING	CASE NO. <input type="checkbox"/> DISTRICT <input type="checkbox"/> MUNICIPAL
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Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
v	
Plaintiff's attorney, bar no., address, and telephone no.	

Defendant's name, address, and telephone no.	<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Defendant's attorney, bar no., address, and telephone no.	

1. _____, requests leave to appeal an order or a judgment entered on
Name
 _____ in the _____ Court of the State of Michigan,
Date Court name and number or county
 by Hon. _____
Bar no.

2. a. No appeal of right exists.
 b. The time for taking an appeal under MCR 7.101(B)(1) has expired.
3. a. This application for leave is being filed within 21 days of the order or judgment date and, therefore, is timely.
 b. This application for leave is being filed more than 21 days after the order or judgment date, but not more than 6 months thereafter. (The affidavit explaining delay on the other side of this form has been completed.)
4. The grounds for appeal are: (Attach additional pages as needed.)

5. The proceedings in the district/municipal court were: (Describe the proceedings.)

Date Appellant/Attorney signature

NOTICE OF HEARING

A hearing is scheduled on the appellant's request for leave to appeal on _____ at _____
Date Time
 at _____ before Hon. _____
Location Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this application for leave to appeal and notice of hearing on the appellee or his/her attorney by first-class mail addressed to his/her last-known address as defined in MCR 2.107(C)(3).

Date Appellant signature

AFFIDAVIT EXPLAINING DELAY

This application is being filed more than 21 days but not more than 6 months after the entry of the order or judgment being appealed because: (Explain in detail the reasons for the delay in filing.)

Appellant/Attorney signature

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____