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|---|------------------------|---|
| 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 |
|---|------------------------|---|

Court address Court telephone no.

| | | |
|--|----------|--|
| Plaintiff/Petitioner name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee | v | Defendant/Respondent name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee |
| Attorney, bar no., address, and telephone no. | | 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 CONTEST AS TO THE CUSTODY OF A MINOR CHILD.

 Date Appellant/Attorney signature

 Address City, state, zip Telephone no.

PROOF OF SERVICE

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

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

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

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

 Date Signature