

<input type="checkbox"/> STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY <input type="checkbox"/> IN THE COURT OF APPEALS	ORDER OF TRANSMITTAL/ CERTIFICATION OF RECORDS TO TRANSMIT RECORD ON 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
Attorney, bar no., address, and telephone no.		Attorney, bar no., address, and telephone no.
<input type="checkbox"/> Probate In the matter of _____		

Completed only for appeals to circuit court.

ORDER OF TRANSMITTAL

1. **IT IS ORDERED** that the record of this appeal be transmitted to the circuit court.

Date Judge Bar no.

Completed only for appeals to Court of Appeals.

CERTIFICATION OF RECORDS

I certify that the attached documents as listed below are the original correct copies of the original records on file in this office.

Date Court clerk/Register

RECORD AND TRANSMITTAL

- 2. A claim of appeal has been filed in this case.
- 3. The following are certified and transmitted to the circuit court Court of Appeals as the record on appeal.
 - a. A list of relevant papers, documents, and exhibits marked appendix A.
 - b. The items listed in appendix A.
 - c. A list of docket entries marked appendix B.
 - d. A transcript of record.
- 4. (If applicable.) The date of the order allowing appeal is _____ .

Date Court clerk/Register

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order of transmittal/certification of records on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date Court clerk/Register