

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>APPLICATION FOR LEAVE TO APPEAL AND NOTICE OF HEARING</b>	<b>CASE NO.</b> <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
<b>v</b>	
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 \_\_\_\_\_  
Date \_\_\_\_\_ in the \_\_\_\_\_ Court of the State of Michigan,  
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 by 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.)

This affidavit is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this affidavit.

\_\_\_\_\_  
Applicant/Attorney signature

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

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date

Notary public, State of Michigan, County of \_\_\_\_\_