

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING	CASE NO. and JUDGE
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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
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

In the matter of _____

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

⌈ Attorney name and address	⌋	Representing: _____
L	J	_____
⌈ Attorney name and address	⌋	Representing: _____
L	J	_____

NOTE: A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On _____, I filed in the trial court
Date
- a. a portion of the transcript of the total proceedings taken in this case before Hon. _____
 on _____
Date(s)
- b. a complete transcript of the proceedings taken in this case.

2. I have notified all parties stated above that the transcript has been filed.

Date

Certification designation and number

Reporter/Recorder signature

Business address

Name (type or print)

City, state, zip

Telephone no.

(See next page for an affidavit of mailing.)

(To be printed on the back of the original copy only - for filing in the appellate court, or in the trial court if no appeal.)

AFFIDAVIT OF MAILING

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

Name (type or print)

- personal service.
- registered mail (receipts attached).
- certified mail (receipts attached).
- first-class mail.

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- first-class mail.

Date

Reporter/Recorder signature

Name (type or print)

Subscribed and sworn to before me on _____
Date

Deputy clerk/Notary public signature

My commission expires on _____.

Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.