STATE OF MICHIGAN **JUDICIAL CIRCUIT** **COUNTY**	**MOTION FOR RELIEF FROM JUDGMENT**	**CASE NO. and JUDGE**	

ORI
MI-   Court address   Court telephone no.

		Defendant name, address, and inmate no.
THE PEOPLE OF THE STATE OF MICHIGAN	**v**	
		To be completed by the court.
		CTN/TCN SID

INSTRUCTIONS: Answer each question as completely as you can. If you need more space to answer any question, you may attach extra pages. You may also attach documents, affidavits, or a brief, if you wish. Only one motion for relief may be filed, except as indicated in MCR 6.502(G)(2). Information for items 1 and 2 is on both your judgment of sentence and basic information sheet, which are available at the prison record office.

1. I was found guilty on _____ of the crime(s) stated below.
   Date

	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
Count	Plea*	Court	Jury			

*For plea: Insert "G" for guilty pleas, "NC" for nolo contendre, or "MI" for guilty but mentally ill. For dismissal: insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

2. I was sentenced as stated below by Hon. _____ .
   Name of judge

	SENTENCE DATE	MINIMUM			MAXIMUM		DATE SENTENCE BEGINS	JAIL CREDIT		OTHER INFORMATION
Count		Years	Mos.	Days	Years	Mos.		Mos.	Days	

3. Fill in the charts below with the information requested about the court proceedings in your case and the names of the attorneys who represented you.

   a. **Trial Level - All Proceedings.** From arrest to sentencing, including lineups and other proceedings.

NAME OF PROCEEDING	NAME OF ATTORNEY	NAME OF PROCEEDING	NAME OF ATTORNEY

3. (continued)

b. **Postconviction - All Proceedings.** State and federal, including appeals, posttrial motions, and habeas petitions.

COURT	DOCKET NO.	NAME OF PROCEEDING	NAME OF ATTORNEY	RESULT	DATE OF RESULT

4. **Appointment of Counsel.** Do you want an attorney appointed? ☐ Yes ☐ No If yes, complete and attach a financial schedule.

5. **Grounds and Relief.**

a. What action do you want the court to take? _____

_____

b. What are the legal grounds for the relief you want? **You must raise all the issues you know about.** You may not be allowed to raise additional issues in the future. Use extra sheets of paper, if necessary.

ISSUE ONE: _____

_____

Supporting facts: _____

_____

ISSUE TWO: _____

_____

Supporting facts: _____

_____

ISSUE THREE: _____

_____

Supporting facts: _____

_____

I declare under the penalties of perjury that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____   _____
Date   Signature

PROOF OF SERVICE

I certify that on this date I served a copy of this motion upon the prosecutor by ☐ personal service. ☐ first-class mail.
I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____   _____
Date   Signature