Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT

APPLICATION FOR LEAVE

CASE NO.

| COUNTY | 711 - | TO APPEA | L | |
|--|--|--|---|---|
| Court address | | | | Court telephone no. |
| Plaintiff's name, address, and telephone no. | Appellant Appellee | v | Defendant's name, ad | dress, and telephone no. Appellant Appellee |
| Plaintiff's attorney, bar no., address, and telephor | ne no. | | Defendant's attorney, | bar no., address, and telephone no. |
| Name | | | st leave to appeal a j | judgment/order/decision entered on |
| Date Court na The nature of the judgment/order/decis | | • | , • | |
| ☐ The time for taking an appeal under ☐ An appeal of right exists, but waiting 3. This application for leave is being filed ☐ a. within the time required by MCR ☐ b. after, but not more than 6 months (If the application is filed under 3.b, a state ☐ c. because an appeal of right from 4. I allege the following errors. (Attach add 5. I request the following relief. (Attach add | g to appeal of riging to appeal of riging 7.105(A). It is after, entry of the ment of facts explain an agency's order itional pages as nee | e judgment/ ning the delay er or decision ded.) | order/decision appe must be attached.) | |
| 6. The following is my position supportin | | | MCR 7.212(C). (Atta | ach additional pages as needed.) |
| ☐ 7. This is an interlocutory appeal. I will (Attach additional pages as needed.) | suffer substantia | al harm by a | waiting final judgme | nt before taking an appeal because: |
| | | /s/ | | |
| Date | | Appe | ellant signature | |
| | CERTIF | FICATEOF | MAILING | |
| I certify that on this date I served a copy of or agency by first-class mail addressed to | | | | |
| | | /s/ | | |
| Date | | Signa | ature | |