

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>CLAIM OF APPEAL AND ORDER APPOINTING COUNSEL</b> <input type="checkbox"/> Substitution of Counsel <input type="checkbox"/> Order Amended	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

<b>THE PEOPLE OF THE STATE OF MICHIGAN</b>  <b>v</b> Defendant's name (Last, first, middle)  Address and inmate no. (if known)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">OFFENSE NAME</th> <th style="width: 20%;">PACC CODE</th> <th style="width: 40%;">SENTENCE(S)</th> </tr> <tr> <td colspan="3" style="height: 100px;"></td> </tr> <tr> <td colspan="3">Offense date for guilty plea</td> </tr> </table>	OFFENSE NAME	PACC CODE	SENTENCE(S)				Offense date for guilty plea		
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1. The defendant claims an appeal from a final judgment or order entered on \_\_\_\_\_ in the \_\_\_\_\_ Date \_\_\_\_\_ Circuit Court, \_\_\_\_\_ County, Michigan by Judge \_\_\_\_\_. Copies of the final judgment or order being appealed and register of actions are attached for the Court of Appeals, appointed counsel, and Michigan Appellate Assigned Counsel System.

2. On \_\_\_\_\_ Date \_\_\_\_\_ the defendant filed a request for appointment of counsel and a declaration of indigency.

**IT IS ORDERED:**

1. ☐ The State Appellate Defender Office, 3031 W. Grand Boulevard, Detroit, MI 48202 (313) 256-9833

**OR**

☐ \_\_\_\_\_ Name of appellate counsel \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_, City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_ Bar no. \_\_\_\_\_

is appointed counsel for the defendant in postconviction proceedings. If appointed counsel cannot or will not accept this appointment, counsel shall notify the court immediately.

2. The court reporter(s)/recorder(s) shall file with the trial court clerk the transcripts checked below and any other transcripts requested by counsel in this case not previously transcribed. Transcripts shall be filed within 28 days for pleas or 91 days for trials from the date ordered or requested (MCR 7.210[B]). Reporter(s)/recorder(s) shall be paid as provided by law. A certificate must be filed within 7 days of the date of this order. (MCR 7.210[B][3][a])

TRANSCRIPT ORDERED	REPORTER/RECORDER NAME	NUMBER	DATE(S) OF PROCEEDING
<input type="checkbox"/> a. Jury trial			
<input type="checkbox"/> b. Bench trial			
<input type="checkbox"/> c. Plea			
<input type="checkbox"/> d. Probation violation plea			
<input type="checkbox"/> e. Probation violation hearing			
<input type="checkbox"/> f. Sentence			
<input type="checkbox"/> g. Resentence			
<input type="checkbox"/> h. Other (specify)			

3. The clerk shall immediately send to counsel a copy of the transcripts ordered above or requested by counsel as they become available. The clerk shall also forward documents upon request by counsel (MCR 6.433).

\_\_\_\_\_

\_\_\_\_\_  
Judge signature and date

**CERTIFICATE OF MAILING**

I served a copy of this claim of appeal on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature