

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	REPORTER/RECORDER CERTIFICATE OF ORDERING TRANSCRIPT ON APPEAL Appeal to: <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit	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 _____		

This certificate must be filed by the appellant or the reporter/recorder within 7 days after the transcript is ordered on appeals to the Court of Appeals. This certificate must be filed by the appellant within 7 days after the transcript is ordered on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On _____ ☐ a portion of the ☐ the complete transcript of proceedings, taken in
 Date
 this case before Hon. _____ on _____
 Date(s)
 _____, was ordered by
- ☐ a. _____, attorney for _____
 Attorney name (type or print) Name (type or print)
- ☐ b. the appellant, _____
 Name (type or print)
- ☐ c. the appellee, _____
 Name (type or print)
- ☐ d. the court.
2. Payment has been secured and the transcript will be furnished by me on or about _____
 Estimated date of completion
- Estimated number of pages is _____.

☐ 3. The transcript has been filed with the court and furnished as requested. Date filed: _____

☐ 4. There is no record to be transcribed for the following requested date(s): _____

Date

Certification designation and number

Reporter/Recorder signature

Business address

Name (type or print)

City, state, zip

Telephone no.

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings: