

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY <input type="checkbox"/> IN THE COURT OF APPEALS	<b>CLAIM OF APPEAL</b>	<b>CASE NO.</b>  <b>CIRCUIT DISTRICT PROBATE</b>
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Court address

Court telephone no.

Plaintiff's/Petitioner's name(s) and address(es) <div style="text-align: right;"><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</div>	<b>v</b>	Defendant's/Respondent's name(s) and address(es) <div style="text-align: right;"><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</div>
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.
In the matter of _____		
Other interested party(ies) of probate matter		

1. \_\_\_\_\_ claims an appeal from a final judgment or final order entered on \_\_\_\_\_
- Name \_\_\_\_\_ Date \_\_\_\_\_ in the \_\_\_\_\_ Court name and number or county \_\_\_\_\_ Court of the State of Michigan,
- by ☐ district judge ☐ circuit judge ☐ probate judge ☐ district court magistrate
- Name of judge or district court magistrate \_\_\_\_\_ Bar no. \_\_\_\_\_

2. Bond on appeal is ☐ filed. ☐ attached. ☐ waived. ☐ not required.
3. ☐ a. The transcript has been ordered.  
☐ b. The transcript has been filed.  
☐ c. No record was made.

- ☐ 4. THIS CASE INVOLVES
- ☐ a. A CONTEST AS TO THE CUSTODY OF A MINOR CHILD.
  - ☐ b. AN ADULT OR MINOR GUARDIANSHIP UNDER THE ESTATES AND PROTECTED INDIVIDUALS CODE OR UNDER THE MENTAL HEALTH CODE.
  - ☐ c. AN INVOLUNTARY MENTAL HEALTH TREATMENT CASE UNDER THE MENTAL HEALTH CODE.
  - ☐ d. A RULING THAT A PROVISION OF THE MICHIGAN CONSTITUTION, A MICHIGAN STATUTE, A RULE OR REGULATION INCLUDED IN THE MICHIGAN ADMINISTRATIVE CODE, OR ANY OTHER ACTION OF THE LEGISLATIVE OR EXECUTIVE BRANCH OF STATE GOVERNMENT IS INVALID.
  - ☐ e. AN ADOPTION ORDER UNDER CHAPTER X OF THE PROBATE CODE.
  - ☐ f. A FREEDOM OF INFORMATION ACT ISSUE.

Date \_\_\_\_\_

Appellant/Attorney signature \_\_\_\_\_

**PROOF OF SERVICE**

I certify that copies of this claim of appeal and bond (if required) were served on

Name \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_ by ☐ personal service. ☐ first-class mail.

Name \_\_\_\_\_ on \_\_\_\_\_ by ☐ personal service. ☐ first-class mail.  
Date \_\_\_\_\_

Name \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_ by ☐ personal service. ☐ first-class mail.

Date \_\_\_\_\_

Signature \_\_\_\_\_