JIS Code: COA

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY ☐ IN THE COURT OF APPEALS	**CLAIM OF APPEAL**	**CASE NO.** **CIRCUIT** **DISTRICT** **PROBATE**

Court address **Court telephone no.**

Plaintiff's/Petitioner's name(s) and address(es) ☐ Appellant ☐ Appellee	**v**	Defendant's/Respondent's name(s) and address(es) ☐ Appellant ☐ Appellee
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

_____ in the _____ Court of the State of Michigan,
Date Court name and number or county

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

Distribute form to:
Court of Appeals/Circuit court
Trial court
Appellee
Appellant

Case No. _____

PROOF OF SERVICE

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

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

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

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

_____ _____
Date Signature