

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****APPLICATION FOR LEAVE
TO APPEAL****CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

☐ Appellant
☐ Appellee**v**

Defendant's name, address, and telephone no.

☐ Appellant
☐ Appellee

Plaintiff's attorney, bar no., address, and telephone no.

Defendant's attorney, bar no., address, and telephone no.

1. I, _____, request leave to appeal a judgment/order/decision entered on
 Name
 _____ in the _____ by _____
 Date Court name and number or agency Name of judge Bar no.
 The nature of the judgment/order/decision being appealed is _____.

2. ☐ No appeal of right exists.
☐ The time for taking an appeal under MCR 7.105(A) has expired.
☐ An appeal of right exists, but waiting to appeal of right would not be an adequate remedy.
3. This application for leave is being filed
☐ a. within the time required by MCR 7.105(A).
☐ b. after, but not more than 6 months after, entry of the judgment/order/decision appealed pursuant to MCR 7.105(A).
 (If the application is filed under 3.b, a statement of facts explaining the delay must be attached.)
☐ c. because an appeal of right from an agency's order or decision was not timely filed and statute authorizes a late appeal.

4. I allege the following errors. (Attach additional pages as needed.)

5. I request the following relief. (Attach additional pages as needed.)

6. The following is my position supporting each issue, as required by MCR 7.212(C). (Attach additional pages as needed.)

- ☐ 7. This is an interlocutory appeal. I will suffer substantial harm by awaiting final judgment before taking an appeal because:
 (Attach additional pages as needed.)

Date

Appellant signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this application for leave to appeal on the parties or their attorneys and on the trial court or agency by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date

Signature