STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING	CASE NO. and JUDGE

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 _____

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

Attorney name and address

Representing: _____

Attorney name and address

Representing: _____

NOTE: A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On _____ (Date), I filed in the trial court

☐ a. a portion of the transcript of the total proceedings taken in this case before Hon. _____

on _____ (Date(s)).

☐ b. a complete transcript of the proceedings taken in this case.

Distribute form to:
Trial court
Appellate court (if applicable)
Party/Attorney
Appellee/Attorney
Appellant/Attorney
Reporter/Recorder

2. I have notified all parties stated above that the transcript has been filed.

Date	Certification designation and number
Reporter/Recorder signature	Business address
Name (type or print)	City, state, zip Telephone no.

(See next page for an affidavit of mailing.)

Case No. ____________________

(To be printed on the back of the original copy only - for filing in the appellate court, or in the trial court if no appeal.)

AFFIDAVIT OF MAILING

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

____
Name (type or print)

☐ personal service.
☐ registered mail (receipts attached).
☐ certified mail (receipts attached).
☐ first-class mail.

____
Name (type or print)

☐ personal service.
☐ registered mail (receipts attached).
☐ certified mail (receipts attached).
☐ first-class mail.

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☐ registered mail (receipts attached).
☐ certified mail (receipts attached).
☐ first-class mail.

____
Date

____
Reporter/Recorder signature

____
Name (type or print)

Subscribed and sworn to before me on ______________________________ .
Date

____
Deputy clerk/Notary public signature

My commission expires on ____________________ .

____
Name (type or print)

Notary public, State of Michigan, County of ____________________ . ☐ Acting in the County of ____________________ .
☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.