

State of Michigan 15th Judicial District	SMALL CLAIMS APPEAL OF RIGHT	Case Number SC
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Court Address:
301 E. Huron, P.O. Box 8650, Ann Arbor, Michigan 48107-8650

Court Telephone no.
(734) 794-6752

Plaintiff's name and address

Defendant's name and address

Plaintiff Defendant as Appellant, claims an appeal of right pursuant to MCR 4.401 (D) from a decision entered on _____ in the 15th Judicial District Court of the State of Michigan by _____, Magistrate.

Date

Appellant Signature

Street Address

City, State, Zip Code

(Area Code)Telephone Number

THE SECTIONS BELOW ARE TO BE COMPLETED BY COURT PERSONNEL.

NOTICE OF HEARING

This matter has been scheduled before Judge _____ for hearing on _____, _____ at _____ AM/PM.

CERTIFICATE OF SERVICE

I certify that on this date, I served the parties indicated above with a copy of the CLAIM OF APPEAL and NOTICE OF HEARING

by ordinary mail at the address shown above personally

Date

Deputy Court Clerk