

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

Court Telephone no.
(734) 794-6750

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