

STATE OF MICHIGAN 2A JUDICIAL DISTRICT	ORDER TO APPEAL DECISION SMALL CLAIM	CASE NUMBER.
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Court address
425 N MAIN STREET ADRIAN, MI 49221

Court telephone no.
517-264-4661

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

V.

Pursuant to MCL 600,8427 by the Attorney, Magistrate.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> PLAINTIFF | <input type="checkbox"/> COUNTER PLAINTIFF |
| <input type="checkbox"/> DEFENDANT | <input type="checkbox"/> COUNTER DEFENDANT |

CLAIMS AN APPEAL ON:

- | | |
|--|--|
| <input type="checkbox"/> DISMISSAL ENTERED ON: _____ | <input type="checkbox"/> COUNTER DISMISSAL ENTERED ON: _____ |
| <input type="checkbox"/> JUDGMENT ENTERED ON: _____ | <input type="checkbox"/> COUNTER JUDGMENT ENTERED ON: _____ |

Date

Applicant Signature

NOTICE OF HEARING ON APPEAL

A hearing is scheduled on _____ at _____ in room _____
at 425 N Main St. Adrian, MI 49221 before honorable Judge _____.

Date

Deputy Court Clerk

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order to appeal decision on the parties by first-class mail addressed to their last-known address as defined in MCR 2.107(C)(3).

Date

Signature