

STATE OF MICHIGAN
53rd **JUDICIAL CIRCUIT**
Cheboygan **COUNTY**

**APPLICATION FOR LEAVE
TO APPEAL**

CASE NO.

Court address
870 S. Main, PO Box 70, Cheboygan, MI 49721

Court telephone no.
231-627-8818

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
----------------------------------------------	-------------------------------------------------------------------------

v

Defendant's name, address, and telephone no.	<input type="checkbox"/> Appellant <input type="checkbox"/> 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 /s/
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 /s/
Signature