

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**ORDER FOLLOWING HEARING ON  
APPLICATION FOR LEAVE TO APPEAL**

**CASE NO.**  
 **DISTRICT**  
 **MUNICIPAL**

Court address

Court telephone no.

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

Defendant's name, address, and telephone no.	<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
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Plaintiff's attorney, bar no., address, and telephone no.
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Defendant's attorney, bar no., address, and telephone no.
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Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

**IT IS ORDERED:**

The appellant's application for leave to appeal is  granted.  denied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**Note to Appellant:** A copy of this order must be filed with the trial court and served on the appellee immediately. Further proceedings are governed by MCR 7.101, and the acts required by MCR 7.101(C) must be performed within 7 days. MCR 7.103(C)(1).

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this order on the appellant or his/her attorney by first-class mail addressed to his/her last-known address as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature