



Michigan Supreme Court

State Court Administrative Office

Field Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby
Field Services Director

MEMORANDUM

DATE: August 29, 2024
FROM: SCAO Forms Team
RE: Changes to juvenile justice and child protection appeals forms

Below is a list of SCAO-approved court forms that were recently revised and created. An explanation of the changes, including instructions on use of the previously approved versions, is included below. Copies of the forms with the changes highlighted are also included.

If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.

For suggestions about these court forms, please contact CourtFormsInfo@courts.mi.gov.

[JC 44, Advice of Rights After Order Terminating Parental Rights and Request for Court-Appointed Attorney \(Juvenile Code\)](#)

Most recent update: (10/24) version

Use of existing paper stock: (7/23) version may be used until October 1, 2024.

➤ [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[JC 81, Request for Appointment of Appellate Counsel \(Child Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: (7/23) version may be used until October 1, 2024.

➤ [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[JC 84, Claim of Appeal and Order Appointing Counsel \(Child Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: (3/21) version may be used until October 1, 2024.

- [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[JC 85, Order Denying Appointment of Appellate Counsel \(Child Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: (3/21) version may be used until October 1, 2024.

- [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[JC 111, Advice of Rights Regarding Appeal \(Child Protective Proceeding\)](#)

Most recent update: (10/24) version

Use of existing paper stock: (8/19) version may be used until October 1, 2024.

- [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[*NEW FORM* JC 112, Advice of Appellate Rights and Request for Appointment of Appellate Counsel \(Delinquency/Minor Personal Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: *NEW FORM* – For use beginning October 1, 2024.

- [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[*NEW FORM* JC 113, Claim of Appeal and Order Appointing Appellate Counsel \(Delinquency/Minor Personal Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: *NEW FORM* – For use beginning October 1, 2024.

- [Click here to see the form.](#)

August 29, 2024

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Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

[*NEW FORM* JC 115, Order Regarding Appointment of Appellate Counsel or Transcript \(Delinquency/Minor Personal Protection\)](#)

Most recent update: (10/24) version

Use of existing paper stock: *NEW FORM* – For use beginning October 1, 2024.

➤ [Click here to see the form.](#)

Appellate forms for the family division of the circuit court were revised based on 2023 PA 299 and amendments to MCR 3.937, 3.950, 3.955, 3.993, and 6.931, effective October 1, 2024.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ADVICE OF RIGHTS AFTER ORDER TERMINATING PARENTAL RIGHTS AND REQUEST FOR COURT-APPOINTED ATTORNEY (Juvenile Code)	CASE NO. PETITION NO. JUDGE
Court address		Court telephone no.

In the matter of _____
First and last name(s), alias(es)

1. On _____ an order was entered terminating your parental rights to the child(ren) named above.
Date
2. You have a right to appeal the order terminating your parental rights to the Court of Appeals for the State of Michigan. An appeal of right must be filed within 21 days of an order terminating parental rights. MCR 7.204(A)(1). An application for leave to appeal must be filed within 63 days after entry of an order denying reconsideration or rehearing as provided by MCR 3.993(C)(3). MCR 7.205(A)(3).
3. You may file a motion for a new trial, rehearing, reconsideration, or other postjudgment relief within 14 days after the date of the order terminating your parental rights. **Note:** A motion will not be considered unless it presents a matter not previously presented to the court, or presented, but not previously considered by the court, which if true, would cause the court to reconsider the case.
4. You have a right to an attorney. If you want an attorney but cannot afford one, the court will appoint one for you. To request a court-appointed attorney, you must complete the second page of this form and return it to the court. **Note: Requests for appointment of appellate counsel must be made within a time frame in item 2.**
5. If the court appoints an attorney to perfect your appeal, the court will furnish the attorney with the complete transcript and record of all proceedings.
6. Your obligation to support the child(ren) continues until a court of competent jurisdiction modifies or terminates the obligation, an order of adoption is entered, or the child is emancipated by operation of law.
7. You have a right to control the release of identifying information about yourself under the adoption laws of this state as follows:
 - a. You may file with the Central Adoption Registry of the Michigan Department of Health and Human Services, at any time, a form called "Parent's Consent/Denial to Release Information to Adult Adoptee." With this form (copies available at all circuit courts or Michigan Department of Health and Human Services offices) you can consent to or deny the release of the following identifying information:
 - your name at the time of termination of your parental rights.
 - your most recent name and address which is on file with the Central Adoption Registry.
 You can use this form any time you change your mind about consenting to or denying the release of identifying information.
 - b. You may keep your name and address current with the Central Adoption Registry by sending this information to them in writing.

Note: If you do not file a "Parent's Consent/Denial to Release Information to Adult Adoptee", or if you revoke a previously filed denial, then the identifying information stated in item 7 will be released upon request of each child after reaching the age of 18. If the other former parent has filed a denial of release of identifying information which has not been revoked, the identifying information about that parent will not be released.

Date of mailing/service

(See next page for Request for Court-Appointed Attorney)

REQUEST FOR COURT-APPOINTED ATTORNEY

I request a court-appointed attorney to appeal or request a rehearing of the order terminating my parental rights.

I am unable to pay for the services of an attorney and request that one be appointed by the court. I have completed the financial schedule below. I authorize the court to investigate and obtain relevant information from my employer, creditors, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney.

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

FINANCIAL SCHEDULE

1. RESIDENCE <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relative(s) <input type="checkbox"/> Room/Board	
2. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
3. INCOME a. Employer name and address	b. Length of employment
	c. Average take-home pay \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
d. Other income State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.).	
4. ASSETS State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.	
5. OBLIGATIONS Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
6. ATTORNEY COSTS I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.	

I declare under the penalties of perjury that the above information is true to the best of my information, knowledge, and belief.

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	REQUEST FOR APPOINTMENT OF APPELLATE COUNSEL (Child Protection)	CASE NO. PETITION NO. JUDGE
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Court address

Court telephone no.

In the matter of _____
 First and last name(s), alias(es)

NOTE: Use form JC 44 to request the appointment of an attorney to appeal an order terminating your parental rights.

To preserve a right to appeal under MCR 3.993(A), you must complete and file this form within 21 days of notice of the order you wish to appeal or within 21 days after an order is entered denying a timely postjudgment motion. If you have not preserved an appeal of right, or for types of orders that you do not have the right to appeal, you may request an attorney within 6 months of the order being entered. If you can establish that you are financially unable to retain an attorney, the court will appoint you an attorney to assist you in pursuing an appeal.*

- I, _____, declare my intent to appeal from the order entered
Name
 on _____ in the _____ Court by
Date
 Hon. _____.
- I understand I have the right to be represented by an attorney. I am unable to pay fully for the services of an attorney and for the cost of transcripts and have completed the Financial Schedule on page 2 of this form.
- I request** an attorney be appointed by the court and the cost of transcripts be waived. I understand I may be ordered to reimburse the court for all or part of the attorney fees and transcript costs.
- I authorize the court to investigate and obtain any further relevant information from my employer, creditors, the Michigan Department of Health and Human Services, the Social Security Administration, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney and waiver of costs of transcripts.

Date

Signature

Address

Name (type or print)

City, state, zip Telephone no.

*For appeals of orders terminating parental rights, a shorter time frame applies.

FINANCIAL SCHEDULE

1. RESIDENCE <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relative(s) <input type="checkbox"/> Room/Board	
2. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
3. INCOME a. Employer name and address	b. Length of employment
	c. Average take-home pay \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
d. Other income State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.).	
4. ASSETS State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.	
5. OBLIGATIONS Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
6. ATTORNEY COSTS I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.	

I declare under the penalties of perjury that the above information has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	CLAIM OF APPEAL AND ORDER APPOINTING COUNSEL <input type="checkbox"/> Amended <input type="checkbox"/> Substitution of Counsel (Child Protection)	CASE NO. PETITION NO. JUDGE
Court address	Court telephone no.	

In the matter of _____
 First and last name(s), alias(es)

Name(s) of child(ren) affected by the order being appealed
Name and address of petitioner
Name and phone number of lawyer-guardian ad litem for child(ren)

1. The respondent, _____, claims an appeal from an order entered
 Name (one respondent per claim of appeal)
 on _____ in the _____ Circuit Court, _____ County,
 Date
 Michigan by Judge _____.

The order being appealed is an:

- a. order removing a child from a parent's care and custody in a child protective proceeding.
 b. initial order of disposition following adjudication in a child protective proceeding.
 c. order terminating parental rights.
 d. order involving an Indian child appealable under MCR 3.993(A)(7).
 e. other final order or order required by law to be appealed to the Court of Appeals.

Copies of the judgment or order being appealed and the register of actions in the case are attached for the Court of Appeals, appointed counsel, petitioner, and prosecutor.

2. On _____ the respondent filed a timely request for appointment of attorney and a declaration
 Date
 establishing indigency.

IT IS ORDERED:

3. _____
 Name Address

 City, state, zip Telephone no. Bar no.

is appointed counsel for the respondent in appellate proceedings. If appointed counsel cannot or will not accept this appointment, counsel shall notify the court immediately.

4. The court reporter(s)/recorder(s) shall file with the trial court clerk the transcripts listed below and any other transcripts requested by counsel in this case not previously transcribed. Transcripts shall be filed within 42 days from the date ordered or requested in a custody case, or 91 days in other cases. MCR 7.210(B). Reporter(s)/Recorder(s) shall be compensated for the transcripts as provided by law.

REPORTER/RECORDER NAME	NUMBER	DATE(S) OF PROCEEDING

The clerk shall immediately send to counsel a copy of the transcripts ordered above or requested by counsel as they become available.

Judge signature and date

Note: This order must be served on the respondent, appointed counsel for the respondent, court reporter(s)/recorder(s), petitioner, prosecuting attorney, Indian tribe (if any), lawyer-guardian ad litem, and guardian ad litem or attorney (if any) for the child(ren). Service may be made by first-class mail. Use form JC 12a or JC 12b for proof of service and attach it to this order before sending it to the Court of Appeals.

To deny appointment of appellate counsel, use form JC 85.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER DENYING APPOINTMENT OF APPELLATE COUNSEL (Child Protection)	CASE NO. PETITION NO. JUDGE
Court address _____		Court telephone no. _____

In the matter of _____
 First and last name(s), alias(es)

Name(s) of child(ren) affected by the order being appealed
Name and address of petitioner
Name and phone number of lawyer-guardian ad litem for child(ren)

1. The respondent, _____, filed a request for the appointment of an attorney and a declaration of indigency in order to appeal an order entered on _____ in the _____ Circuit Court, _____ County, Michigan, by Judge _____.

Name
Date

IT IS ORDERED:

2. The respondent's request for appellate counsel is denied because:

- a. the request is untimely.
- b. the respondent is not indigent.

 Judge signature and date

Note to Respondent: If you have the right to appeal and your request for appointment of counsel is being denied only because you are not indigent, you have 21 days from the date of this order to appeal, including an order terminating your parental rights. MCR 7.204(A)(1). Form MC 55 can be used.

If you do not have the right to appeal or no longer have the right to appeal, you may request appointed appellate counsel to pursue an application for leave to appeal. Counsel may not be appointed to appeal an order terminating parental rights if the request is filed later than 63 days after entry of an order of judgment on the merits, or if filed more than 63 days after entry of an order denying reconsideration or rehearing. A request for the appointment of appellate counsel to appeal other orders must be filed within 6 months of entry of the order to be appealed. MCR 3.993(C), (D).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ADVICE OF RIGHTS REGARDING APPEAL (Child Protective Proceedings)	CASE NO. PETITION NO. JUDGE
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Court address

Court telephone no.

1. You have the right to appeal
 - a. any order removing your child(ren) from your care and custody.
 - b. an initial order of disposition following adjudication. This appeal may include any issues leading to disposition, including any errors in the adjudicatory process.
 - c. an order terminating parental rights.
 - d. an order involving an Indian child appealable under MCR 3.993(A)(7).
 - e. any final order or order required by law to be appealed to the Court of Appeals.

2. If you cannot afford to hire an attorney for an appeal of right, the court will appoint one for you. To preserve your right to appeal, you must request the appointment of an attorney within 21 days of notice of the order you wish to appeal or within 21 days following the denial of a timely filed postjudgment motion. (Use form JC 44 to request the appointment of an attorney to appeal an order terminating parental rights. Use form JC 81 to request the appointment of an attorney for all other child protection appeals.)

3. If an attorney is appointed to represent you for your appeal, the court will pay the cost of transcripts.

4. You may be barred from challenging the assumption of jurisdiction or the removal of your child(ren) from your care and custody in an appeal from an order terminating parental rights if you do not timely file an appeal under MCR 3.993(A)(1), 3.993(A)(2), or a delayed appeal under MCR 3.993(C).

5. You may challenge the continuing exercise of the court's jurisdiction over your child(ren) by filing a motion for rehearing, or by filing an application for leave to appeal with the Michigan Court of Appeals.

_____ Date

_____ Respondent's signature

_____ Respondent's name (type or print)

USE NOTE: This form is used when removing a child, accepting a plea, after a trial verdict, and upon entry of an order of disposition. For advice of rights after terminating parental rights, use form JC 44. If termination of parental rights occurs at initial disposition, the court must provide both JC 44 and JC 111.

New Form

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ADVICE OF APPELLATE RIGHTS AND REQUEST FOR APPOINTMENT OF APPELLATE COUNSEL (Delinquency/Minor Personal Protection)	CASE NO. PETITION NO. JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First and last name(s), alias(es)

Note to court: Following advisement of appellate rights on the record under MCR 3.937, this form must be given to the juvenile at disposition or any delinquency hearing at which the court orders removal from a parent's care. A separate form must be provided for each petition. Additionally, when a juvenile requests appointed counsel for an appeal of right or for application for leave to appeal, the court must serve MAACS with a copy of the request, the order to be appealed, register of actions, and any additional information requested.

1. In a **juvenile delinquency** case, you have the right to appeal an order of disposition placing you under court supervision, an order that removes you from your parents' care and custody, a final order, or an order involving an Indian child that may be invalid under state or federal law. In a **minor personal protection** case, you have the right to appeal an order granting a personal protection order, denying your first motion to change or end an ex parte personal protection order, or a sentence for criminal contempt after a contested hearing. For other orders, you can still request an appeals court to allow you to appeal.
2. If you cannot afford to hire an attorney to represent you on appeal and you make a timely request for an attorney, one will be appointed for you. You can request the appointment of an attorney by completing the REQUEST FOR APPOINTMENT OF ATTORNEY section below and returning this form to the trial court.
3. To preserve a right to appeal, you must submit the completed request below within 21 days of the order you wish to appeal, or within 21 days after the court denies a timely request for rehearing or reconsideration. If you do not make this request within 21 days, you may still request to appeal by submitting the completed form below to the trial court within 6 months of entry of the order.

Receipt of Notice

Date

Juvenile's initials

REQUEST FOR APPOINTMENT OF ATTORNEY

Instructions to juvenile: To request an attorney to represent you on appeal, the completed and signed form should be received by the trial court within the timeline outlined above. Keep a copy for yourself.

I request appointment of an attorney to represent me on appeal. I provide the following financial information for the court to determine whether I am indigent.

▶ _____
Date

Signature of juvenile
◀

Employer name and address <input type="checkbox"/> NONE	Length of employment Average pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
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Other income: State monthly amount and source.

NONE

Assets: State value of car, bank account, etc.

NONE

Obligations/Debts: Itemize monthly rent, installment payments, child support, etc.

NONE

CERTIFICATE OF MAILING

I sent a copy of this claim of appeal and order appointing counsel to the juvenile, appointed counsel for the juvenile, the court reporter(s)/recorder(s), petitioner, prosecuting attorney, Indian tribe (if any), and guardian ad litem (if any), by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Clerk/Deputy clerk signature

Note: The trial court must immediately send the Court of Appeals a copy of the Claim of Appeal and Order Appointing Counsel, a copy of the judgment or order being appealed, and a copy of the complete register of actions in the case. The trial court must also file proof of service of the above, JC 12a or JC 12b, and include it with this order before sending it to the Court of Appeals.

NEW FORM

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER REGARDING APPOINTMENT OF APPELLATE COUNSEL OR TRANSCRIPT (Delinquency/Minor Personal Protection) <input type="checkbox"/> Substitution of Counsel <input type="checkbox"/> Order Amended	CASE NO. PETITION NO. JUDGE
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Court address

Court telephone no.

In the matter of _____
First and last name(s), alias(es)

1. On _____ the juvenile filed a request for appointment of counsel and a declaration of indigency.
Date

IT IS ORDERED:

2. The juvenile's request for appellate counsel is denied because
 the request is untimely (was not filed within 6 months of the order to be appealed).
 the juvenile is not indigent.

TO THE JUVENILE: You can challenge the order denying your request for appellate counsel by filing an application for leave to appeal under MCR 7.205.

3. The State Appellate Defender Office, 3031 W. Grand Blvd., Detroit, MI 48202

OR

Name of Appellate Counsel _____ Address _____

City, state, and zip _____ Telephone no. _____ Bar no. _____

is appointed counsel for the juvenile in appellate proceedings. If appointed counsel cannot or will not accept this appointment, they shall notify the court immediately. Copies of the final judgment or order being appealed and register of actions are included for appointed counsel and Michigan Appellate Assigned Counsel System (MAACS).

4. The court reporter(s)/recorder(s) shall file with the trial court clerk the transcripts checked below and any other transcripts requested by counsel in this case not previously transcribed. Transcripts shall be filed within 91 days from the date ordered or requested. (MCR 7.210(B)) Reporter(s)/recorder(s) shall be paid as provided by law. A certificate must be filed within 7 days of the date of this order. (MCR 7.210(B)(3)(a))

TRANSCRIPT ORDERED	REPORTER/RECORDER NAME	NUMBER	DATE(S) OF PROCEEDING
<input type="checkbox"/> a. Preliminary hearing			
<input type="checkbox"/> b. Waiver hearing			
<input type="checkbox"/> c. Plea/trial			
<input type="checkbox"/> d. Disposition			
<input type="checkbox"/> e. Probation violation hearing			
<input type="checkbox"/> f. Minor PPO hearing			
<input type="checkbox"/> g. Motion on Minor PPO			
<input type="checkbox"/> h. Other (specify)			

Judge signature and date

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this order to:

the juvenile, the juvenile's parents, the juvenile's attorney, guardian ad litem (if any), and the petitioner,

the court reporter(s)/recorder(s) because the order includes transcripts,

MAACS,

other: _____
Specify

I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Clerk/deputy clerk signature