



## Michigan Supreme Court

State Court Administrative Office

**Court Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

### MEMORANDUM

DATE: April 12, 2021

TO: Judges, Court Administrators, and Probate Registers

FROM: Lucy Viramontes, Forms and Resources Analyst

RE: Revised JC 81, Request for Court Appointed Appellate Counsel,  
Revised JC 84, Claim of Appeal and Order Appointing Appellate Counsel  
Revised JC 85, Order Denying Appointment of Appellate Counsel

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Forms JC 81, JC 84, and JC 85 have been revised. A brief explanation of the changes and a copy of the forms with the changes highlighted are provided below.

**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 questions, comments, or suggestions about court forms, contact 517-373-5626 or [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

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#### **JC 81, Request for Court Appointed Appellate Counsel**

**Most recent update:** (3/21)

**Use of existing stock:** Existing stock cannot be used.

➤ [Click here to see the highlighted changes.](#)

This form was revised to accommodate changes in the appeals process under ADM 2015-21, dated 9/23/20. Additional changes were made to accommodate the MiFILE system, adding "Judge" to the header per MCR 1.109, adjusting penalty of perjury language, and adjusting the notary section under MCL 55.287 and for usability. Additionally, date of birth was removed from this form.

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### **JC 84, Claim of Appeal and Order Appointing Appellate Counsel**

**Most recent update: (3/21)**

**Use of existing stock:** Existing stock cannot be used.

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

This form was revised to accommodate changes in the appeals process under ADM 2015-21, dated 9/23/20. Additional changes were made to accommodate the MiFILE system, adding "Judge" to the header per MCR 1.109, adjusting penalty of perjury language, and adjusting the notary section under MCL 55.287 and for usability. Additionally, date of birth was removed from this form.

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### **JC 85, Order Denying Appointment of Appellate Counsel**

**Most recent update: (3/21)**

**Use of existing stock:** Existing stock cannot be used.

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

This form was revised to accommodate changes in the appeals process under ADM 2015-21, dated 9/23/20. Additional changes were made to accommodate the MiFILE system, adding "Judge" to the header per MCR 1.109, adjusting penalty of perjury language, and adjusting the notary section under MCL 55.287 and for usability. Additionally, date of birth was removed from this form.

STATE OF MICHIGAN  
JUDICIAL CIRCUIT - FAMILY DIVISION  
COUNTY

REQUEST FOR  
COURT APPOINTED  
APPELLATE COUNSEL

CASE NO.  
PETITION NO.  
JUDGE

Court address

Court telephone no.

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

1. I, \_\_\_\_\_, declare my intent to appeal from the order entered  
Name  
on \_\_\_\_\_ in the \_\_\_\_\_ Court by  
Date  
Hon. \_\_\_\_\_.

2. 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.

3. 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.

4. 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 (please print)

\_\_\_\_\_  
City, state, zip Telephone no.



Complete this Financial Schedule if you are seeking a court-appointed attorney.

**FINANCIAL SCHEDULE**

<b>1. RESIDENCE</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Room/Board	
<b>2. MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
<b>3. INCOME</b> a. Employer name and address	b. Length of employment
	c. Average of pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
d. Other income      State monthly amount and source, such as MDHHS, VA, rent, pensions, spouse, unemployment, child support, etc.	
<b>4. ASSETS</b> State value of car, home, bank deposits, bonds, stocks, etc.	
<b>5. OBLIGATIONS</b> Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
<b>6. REIMBURSEMENT</b> I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.	

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 APPELLATE COUNSEL  
 Substitution of Counsel  
 Order Amended

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.  
 b. initial order of disposition following adjudication in a child protective proceeding.  
 c. order terminating parental rights.  
 d. order of disposition placing a minor under the supervision of the court in a delinquency proceeding.  
 e. order involving an Indian child appealable under MCR 3.993(A)(6).  
 f. 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 request for appointment of attorney and a declaration of indigency.  
Date

**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

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 your request for appointment of counsel was denied because you are not indigent, you have 21 days from the date of this order to appeal the order terminating your parental rights. MCR 7.204(A)(1). Form MC 55 can be used.

If your request for appellate counsel was untimely or you do not file your claim of appeal within 21 days, you may file an application for leave to appeal. In no event shall an application for leave to appeal an order terminating parental rights be granted if filed more 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. MCR 3.993(C).