



Michigan Court of Appeals

ARE WE MEETING YOUR EXPECTATIONS?

We are committed to providing efficient, friendly service and improving the delivery of Court services. We welcome your comments and suggestions. Please complete this form and either email it or send it to the address below.

Nature of Experience/Encounter:

Date of Experience/Encounter: _____

Approximate Time of Experience/Encounter: _____

Location: _____

Name of Staff, if applicable: _____

Case Docket Number and Name: _____

Your Name, Email Address or Phone Number:

Would you like a response by email or phone call? Yes No

Comments:

Attach additional sheet, if necessary.

Mail to:

Comment Form c/o Chief Clerk
Michigan Court of Appeals
Hall of Justice
P.O. Box 30022
Lansing, MI 48909-7522