

STATE OF MICHIGAN
IN THE SUPREME COURT

Case Name: _____

Supreme Court No(s): _____ Court of Appeals No(s): _____

Trial Court/Tribunal Name & No(s): _____

PROOF OF SERVICE

A copy of this form must be completed for each party served.

NOTE: Copies of *all* documents filed with the Michigan Supreme Court must be served on the attorneys of the opposing parties and any self-represented opposing parties.

Names and descriptions of documents served: _____

Date of Service: _____

Method of service: _____

Name and address of service recipient:

I declare that the statements above are true to the best of my knowledge, information, and belief.

Filer's Name & Signature: _____

Address: _____

Email: _____ Phone: _____

Date: _____