

**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: \_\_\_\_\_