# PRO PER APPLICATION FOR LEAVE TO APPEAL IN A CIVIL CASE TO THE MICHIGAN SUPREME COURT GENERAL INSTRUCTIONS

This form is for people who want to file an application for leave to appeal in a civil case, which includes appeals from an administrative agency and the termination of parental rights, with the Michigan Supreme Court but do not have an attorney to help them. The party appealing the civil case to the Supreme Court is called the "Appellant." The party opposing the appeal is the "Appellee."

This form was created by the Clerk's Office of the Michigan Supreme Court. It satisfies the formatting and structural requirements of the court rules if it is completed in accordance with the instructions. The form and instructions are not intended to provide legal advice on whether you should file the application, what factual information you should include, or what issues you should raise and argue. Providing this should not be viewed as encouraging anyone to act *in propria persona* (i.e., without the assistance of counsel) in the Supreme Court. There are many strategic and procedural decisions that must be made during the appeal process, and an attorney's assistance might be critical to the success of your application.

**Filing Deadline** – An application for leave to appeal must be *received* by the Supreme Court within 42 days of the Court of Appeals decision in a regular civil case or within 28 days in a termination of parental rights case.

For all civil cases, the applications must be received by the Supreme Court on or before the filing deadlines. It does not matter when you became aware of the Court of Appeals decision from your attorney. No extensions for filing the application can be given even if you were not informed of the decision right away. A late-filed application will be rejected by the Clerk's Office. You should mail your application at least 1 week before the deadline to allow sufficient time for delivery.

**Pages** – Check that all the instructions and pages are included in this packet. You should have the following items:

Instructions	3 pages
Cover letter	1 page
Civil Pro Per Application	9 pages
Motion to Temporarily Waive Fees/	
Affidavit of Indigency	1 page
Motion to Waive Fees/Affidavit of Indigency	1 page
Proof of Service	1 page
Request for Statement of Prisoner Account	1 page
Notice of Filing Application	1 page

Read the form carefully. There are additional instructions on the pages themselves. Having your Court of Appeals decision and Court of Appeals brief at hand will make it easier for you when filling out the pages.

**Documents** – If you did not receive or keep a copy of your Court of Appeals brief or the Court of Appeals decision, you can obtain them from that court for \$ .50 per page. You must first contact the Court of Appeals to find out the number of pages in the decision or the brief. Give the clerk your name, the Court of Appeals case number, and the name of the trial court. He or she will advise you of the total cost of the copies. Send a letter with the above information, along with a money transfer in the amount owed, explaining what you need to the Court of Appeals Clerk, P.O. Box 30022, Lansing, MI 48909 [(517) 373-0786]. Include your return address. If you are incarcerated and cannot access the Internet, you may be able to ask a friend or relative with Internet access to locate and print the Court of Appeals decision at www.courts.mi.gov/courts/coa/ to avoid the copy fees. Under "Cases, Opinions & Orders" at the top of the screen, click on "Opinion & Order Search." It works best if the Court of Appeals case number is used for the search.

If you request but do not receive the Court of Appeals decision or brief in a timely manner, complete the application form as best as you can and mail it without delay. Explain in a letter why you did not include certain documents or did not fill in certain information, and state that you will provide the documents or information as soon as you can.

**Extra pages** – Add extra pages if you need more space for an answer or if you have more issues. If you add pages, write "continued on extra page" at the bottom of the form. Put the number of the issue you are addressing on the extra page. Use letter size paper.

**Copies** –You will need the originals and at least 2 copies of the completed form and attachments. Be sure you also have the same number of copies made of any extra pages that you are including with the application form. You must include copies of the trial court and Court of Appeals decisions with the application form but you do not need to attach copies of the brief filed in the Court of Appeals. Send the original documents to the Supreme Court and 1 copy to *each* of the opposing parties in a civil case. Keep 1 copy of the documents for your file.

For incarcerated persons, you should check with the correctional facility on what may be copied for you and, if copied, how long it will take to get the copies back.

### **FILLING IN THE FORM**

IMPORTANT: This application form is designed for civil appeals only. If you are appealing a Court of Appeals decision involving a criminal case, you should use the application form designed for that appeal type.

**Cover Letter, page 1** – Fill in all the blanks except the Supreme Court number. The Clerk of the Court will assign a six-digit case number to your application when it is docketed. You can get the other court numbers from the Court of Appeals decision.

**Application, Title Page, page 2** – You should write your answers on scrap paper first to minimize mistakes on the application. Once you are satisfied with the answers, write them on the form as neatly as you can. You can usually get all the information you need for the Title Page from the Court of Appeals decision or the brief filed in that court.

Application, Existing Issues, pages 3-7 – In section A, write out those issues that were raised in the Court of Appeals that you now want to raise in the Supreme Court. The Court of Appeals issues may have been in a brief prepared and filed by your attorney or in a supplemental brief prepared and filed by you.

IMPORTANT: If you do not explicitly raise an issue in the Supreme Court by writing it out in the application form, it will not be addressed by the Supreme Court even if it was raised in the Court of Appeals.

Do not include issues in section A if they were not raised in the Court of Appeals. There is a section for new issues later in the application form.

In section B, check the reasons why you think the Supreme Court should consider the issue. You must check at least 1 of the choices. You may check more than 1.

In section C, you may rely on the facts and the law contained in the Court of Appeals brief. But you may also cite new case law and legal authority, and provide additional facts and legal arguments to support the issues.

There are enough pages for 5 issues. If you raise more than that number, you should attach additional pages that contain the same information as required on the application form. If you have fewer issues, leave out the blank pages.

Application, New Issues, pages 8-9 - On these pages, you can ask the Supreme Court to consider issues that were not raised in the Court of Appeals. Do not fill in this section unless you have new issues. In section A, write the title of the issue or the issue heading. This is just a short statement of the error that was made and why it was wrong. Make it as clear as possible. In section B, check the reasons why you think the Supreme Court should consider the issue. You must check at least 1 reason, but you may check more than 1. In section C, explain the facts and list the case law and other legal authority that show what the error was and why it should entitle you to some relief. Use simple language and write clearly and carefully to avoid mistakes. There are pages for 2 new issues. Add more pages if you have more than 2 new issues or if you need more space for your answers.

**Relief Requested & Signature Page, page 10** – Print and sign your name and write the date on this page. Also provide your mailing address.

Attachments – Attach copies of the trial court and Court of Appeals decisions to your application form, as well as other documents you want the Court to consider. If the documents are not part of the trial record, you will need to file a motion with the Court to expand the record. The Court will consider the documents only if it grants the motion.

#### For Incarcerated Persons:

Motion to Temporarily Waive Fees and Affidavit of Indigency, page 11 – State law, MCL 600.2963, allows an indigent person who is incarcerated in a correctional facility to file an appeal in a civil case without paying the full filing fee upfront. But the prisoner must first submit a written acknowledgement of responsibility to pay the full fee, which will be collected incrementally from the prisoner's account. The statute precludes the Supreme Court from granting a fee waiver in civil appeals filed by a prisoner. Moreover, the statute precludes the prisoner from filing a new civil appeal if he or she still owes fees from a prior appeal filed in the Supreme Court.

If you seek a temporary waiver of fees, you must complete the Motion to Temporarily Waive Fees and the Affidavit of Indigency. Enter your name in the caption and fill in the trial court and Court of Appeals numbers. Enter the date, print and sign your name, and provide your MDOC number. You must also provide the Supreme Court with a Statement of Prisoner Account. To obtain the statement, complete the Request for Statement of Prisoner Account (page 13) and send it to the business office at your facility. You should retain a copy of the Statement of Prisoner Account for your file.

#### For Non-Incarcerated Persons:

Motion to Waive Fees and Affidavit of Indigency, page 12 – You must complete the motion to waive fees and affidavit of indigency to obtain a waiver of the filing fee. If you were granted a fee waiver by the Court of Appeals, the Supreme Court will likely grant your motion. But you must still indicate whether you are receiving some type of public assistance and, if not, you must list your income, assets, and obligations. If the Court denies your motion in whole or part, you will be notified by letter of the amount owed for the filing. The case may be administratively dismissed if the fee is not paid by the date identified in the letter.

**Proof of Service, page 13** – Check the items that you are mailing to the opposing parties and fill in their mailing addresses. Enter the mailing date and sign and print your name. For incarcerated persons, the mailing date is the day that you give the application form and other documents to the appropriate prison official for mailing to the Supreme Court.

### **Request for Statement of Prisoner Account, page**

**14** – For incarcerated persons, if you are seeking a temporary waiver of the filing fee, complete this form and send it to the prisoner accounts office to obtain a copy of your Statement of Prisoner Account, which must be provided to the Supreme Court with the application for leave to appeal.

**Notice of Filing Application, page 15** – Fill in the information, and sign and date the notice. Mail 1 copy to the Court of Appeals and 1 copy to the trial court.

### **DOCUMENTS, ADDRESSES, AND MAILING**

In a civil case, you will need 1 copy of the documents you are filing with the Supreme Court for *each* opposing party in the case. You can usually get the addresses for the opposing parties from the Court of Appeals brief or the proof of service filed in that court. Keep 1 copy of the documents for your file.

You must sign all the pages on the lines indicated but you do not need to have them notarized. Under the Michigan court rules (see MCR 2.114(D)), your signature means that you have read the application; that it is true to the best of your knowledge, information and belief; that it is based on facts and existing law or is based on a good argument for changing existing law; and that you filed the application to get the relief requested, not to harass the opposing party. If you sign any pleading knowing that it violates this rule, the Court may assess sanctions against you.

### **FINAL CHECK LIST**

Applications must be *received* by the Supreme Court within 42 days of the Court of Appeals decisions in civil cases and within 28 days in appeals involving the termination of parental rights. There are no exceptions to these filing deadlines.

Make sure that you do the following:

- Complete the cover letter on page 1.
- Complete all the information required on the form for each issue being raised.
- Sign and date the application on page 10
- Attach copies of the trial court and Court of Appeals decisions. You need not attach any briefs filed in the trial court or Court of Appeals.
- Attach your Statement of Prisoner Account.
- For incarcerated persons who are requesting a temporary waiver of the filing fee, sign and date the Motion to Temporarily Waive Fees and Affidavit of Indigency on page 11. Provide a copy of your Statement of Prisoner Account.
- For non-incarcerated persons who are requesting a waiver of the filing fee, sign and date the Motion to Waive Fees and complete the Affidavit of Indigency on page 12.
- Complete, sign and date the Proof of Service on page 13.

Put the originals of the above documents in an envelope addressed to:

Michigan Supreme Court Clerk's Office Hall of Justice P.O. Box 30052 Lansing, MI 48909

Incarcerated persons should give the envelope to an appropriate prison official for mailing to the Supreme Court.

Finally, complete, sign and date the Notice of Filing Application on page 15. Mail 1 copy to the Court of Appeals and 1 copy to the trial court.

	COVER LETTER
(Date of mailing to the Supreme Court)	
Clerk's Office Michigan Supreme Court Hall of Justice P.O. Box 30052 Lansing, MI 48909	
	V
(Print case title from Court of Appeals order or opinion)	
Supreme Court No	(Leave blank – the Clerk will assign a number for you.)
Court of Appeals No	(Get this number from the Court of Appeals decision.)
Trial Court No.	— (Get this number from the Court of Appeals brief or a trial court document.)
Dear Clerk:	court documents,
<ul><li>Motion to Waive Fees / Affidavit o</li><li>Proof of Service</li><li>Other</li></ul>	incarcerated) s / Affidavit of Indigency (if incarcerated)
(Sign your name)	INSTRUCTIONS
(Print your name and your MDOC number, if applicable)	You will need 2 or more copies and the original of this letter and the pleadings listed above.
(Print name of correctional facility, if incarcerated)	2. Mail the originals of this letter and the pleadings listed above.
(Print your address or address of correctional facility)	Supreme Court Clerk.
	<b>3.</b> Mail 1 copy of this letter and the pleadings to <b>each</b> opposing party
Copy/Copies sent to:	<b>4.</b> Keep 1 copy of this letter and the pleadings for your file.
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	_ Pai

### **TITLE PAGE**

**INSTRUCTIONS:** This application is for use in *civil* cases only. If you are appealing a Court of Appeals decision involving a criminal action, use the form designed for that appeal type. Answer each question completely and add more pages if necessary.

## IN THE MICHIGAN SUPREME COURT PRO PER CIVIL APPLICATION FOR LEAVE TO APPEAL

I am appealing a Court of Appeals decision that, in whole or part, either affirmed the trial court decision or denied my leave application or original action.

My name is:	
My lawsuit is against the following party or parties:	
Docket number of Court of Appeals case:	
Date of Court of Appeals opinion or order being appealed:	
Docket number of trial court case:	
$\square$ I am not incarcerated in a Michigan, federal, or other state correctional facility.	
☐ I am currently incarcerated at in	(Print name of city and state)
There are pending or prior appeals in the Court of Appeals or the Supreme Court that transaction or lower court case, or between the same parties. $\Box$ Yes $\Box$ No	arose out of the same
If Yes, specify the case name, lower court number(s), and Court of Appeals number	er(s):

FILING DEADLINE: This application must be mailed with sufficient time to be *received* by the Supreme Court within 42 days of the Court of Appeals decision in a civil case or within 28 days of the Court of Appeals decision in an appeal involving the termination of parental rights. Late applications will not be accepted by the Supreme Court in civil cases under any circumstances.

	CIVIL PRO PER APPLICATION FOR LEAVE TO APPEAL (cont.)
	, Appellant Court of Appeals No
(Pri	nt your name)
raised in	<b>TIONS:</b> In the sections below, write out those issues you want to raise in the Supreme Court that were the Court of Appeals in either a brief prepared by your attorney or a supplemental brief that you . To raise new issues, go to page 8.
	ISSUES RAISED IN COURT OF APPEALS
ISSUE I:	
<b>A.</b> Write	the issue exactly as it was phrased in the Court of Appeals brief.
	Court should review the Court of Appeals decision on this issue because: (Check all the boxes you think to this issue, but you must check at least 1.)
	The issue raises a serious question about the legality of a law passed by the legislature.
	The issue raises a legal principle that is very important to Michigan law.
	The Court of Appeals decision is clearly wrong and will cause material injustice to me.  The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals.
you v think	in why you think the choices you checked in "B" apply to this issue. List any cases and state any facts_that want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you add more pages.)
	Page 3

CIVIL PRO P	ER APPLICATION FOR I	LEAVE TO APPEAL (cont.)
	, Appellant	Court of Appeals No
(Print your name)		
ISSUE II:		
<b>A.</b> Write the issue exactly as it was phr	ased in the Court of Appea	als brief.
<b>B.</b> The Court should review the Court apply to this issue, but you must ch	• •	his issue because: (Check all the boxes you think
<ul><li>□ 1. The issue raises a serious ques</li><li>□ 2. The issue raises a legal princip</li></ul>		
☐ <b>3.</b> The Court of Appeals decision		
• •		another decision of the Court of Appeals.
you want the Supreme Court to co	onsider even if they were n	o this issue. List any cases and state any facts_that ot included in your Court of Appeals brief. If you sue, explain below. If you need more space, you
		Page 4

Appellant Court of Appeals No		CIVIL PRO PER APP	LICATION FOR L	LEAVE TO APPEAL (cont.)
<ul> <li>A. Write the issue exactly as it was phrased in the Court of Appeals brief.</li> <li>B. The Court should review the Court of Appeals decision on this issue because: (Check all the boxes you thin apply to this issue, but you must check at least 1.)</li> <li>1. The issue raises a serious question about the legality of a law passed by the legislature.</li> <li>2. The issue raises a legal principle that is very important to Michigan law.</li> <li>3. The Court of Appeals decision is clearly wrong and will cause material injustice to me.</li> <li>4. The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals.</li> <li>C. (Explain why you think the choices you checked in "B" apply to this issue. List any cases and state any facts_that you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you</li> </ul>	(Print your name)		, Appellant	Court of Appeals No
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apply to this issue, but you must check at least 1.)  □ 1. The issue raises a serious question about the legality of a law passed by the legislature.  □ 2. The issue raises a legal principle that is very important to Michigan law.  □ 3. The Court of Appeals decision is clearly wrong and will cause material injustice to me.  □ 4. The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals.  C. (Explain why you think the choices you checked in "B" apply to this issue. List any cases and state any facts_that you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you	A. Write the issue e	exactly as it was phrased in a	the Court of Appea	als brief.
apply to this issue, but you must check at least 1.)  □ 1. The issue raises a serious question about the legality of a law passed by the legislature.  □ 2. The issue raises a legal principle that is very important to Michigan law.  □ 3. The Court of Appeals decision is clearly wrong and will cause material injustice to me.  □ 4. The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals.  C. (Explain why you think the choices you checked in "B" apply to this issue. List any cases and state any facts_that you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you				
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<b>C.</b> (Explain why you think the choices you checked in "B" apply to this issue. List any cases and state any facts that you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you	☐ <b>3.</b> The Court of	of Appeals decision is clearl	y wrong and will ca	ause material injustice to me.
you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you	$\square$ <b>4.</b> The decision	on conflicts with a Supreme	Court decision or a	another decision of the Court of Appeals.
	you want the Su think the Court	upreme Court to consider e of Appeals mixed up any	even if they were n	ot included in your Court of Appeals brief. If you
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## **CIVIL PRO PER APPLICATION FOR LEAVE TO APPEAL (cont.)** , Appellant Court of Appeals No.\_\_\_\_\_ (Print your name) **ISSUE IV: A.** Write the issue exactly as it was phrased in the Court of Appeals brief. B. The Court should review the Court of Appeals decision on this issue because: (Check all the boxes you think apply to this issue, but you must check at least 1.) $\Box$ 1. The issue raises a serious question about the legality of a law passed by the legislature. $\square$ **2.** The issue raises a legal principle that is very important to Michigan law. □ **3.** The Court of Appeals decision is clearly wrong and will cause material injustice to me. □ **4.** The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals. **C.** (Explain why you think the choices you checked in "B" apply to this issue. List any cases and state any facts\_that you want the Supreme Court to consider even if they were not included in your Court of Appeals brief. If you think the Court of Appeals mixed up any facts about this issue, explain below. If you need more space, you may add more pages.) Page 6

CIVIL PRO PER A	PPLICATION FOR I	LEAVE TO APPEAL (cont.)
	, Appellant	Court of Appeals No
(Print your name)		
ISSUE V:		
<b>A.</b> Write the issue exactly as it was phrased	in the Court of Appea	als brief.
<b>B.</b> The Court should review the Court of A apply to this issue, but you must check a	• •	his issue because: (Check all the boxes you think
$\Box$ <b>1.</b> The issue raises a serious question a		
☐ 2. The issue raises a legal principle tha	• •	•
<ul><li>□ 3. The Court of Appeals decision is cle</li><li>□ 4. The decision conflicts with a Supren</li></ul>		
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you want the Supreme Court to conside	er even if they were n	o this issue. List any cases and state any facts_that not included in your Court of Appeals brief. If you sue, explain below. If you need more space, you
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		Page

CIVIL PRO PER APPLICATION FOR LEAVE TO APPEAL (cont).
, Appellant Court of Appeals No
(Print your name)
<b>NEW ISSUE INSTRUCTIONS:</b> If you want the Supreme Court to look at errors that were not raised in the Court of Appeals, check <b>Yes</b> in the checkbox below and answer parts <b>A</b> , <b>B</b> , and <b>C</b> for each new issue you raise. There are pages provided for 2 new issues. You may include more pages to raise additional new issues. If you do not have new issues, go to the Relief Requested section on page 10.
NEW ISSUES
$\square$ YES, I want the Supreme Court to consider the additional grounds for relief contained in the following issues. The issues were not raised in my Court of Appeals brief.
NEW ISSUE I:
A. Write the new issue you want the Court to consider.
<b>B.</b> The Court should review this issue because: (Check all the boxes you think apply to this issue, but you must check at least 1.)
$\Box$ <b>1.</b> The issue raises a serious question about the legality of a law passed by the legislature.
$\Box$ <b>2.</b> The issue raises a legal principle that is very important to Michigan law.
$\square$ <b>3.</b> The Court of Appeals decision is clearly wrong and will cause material injustice to me. $\square$ <b>4.</b> The decision conflicts with a Supreme Court decision or another decision of the Court of Appeals.
<b>C.</b> (Explain why you think the choices you checked in "B" apply to this issue. List any cases and citations, laws, or court rules, etc. that support your argument and explain how they apply to this issue. State the facts that support and explain this issue. If any facts were not presented in the Court of Appeals, explain why. You may add more pages.)

NEW ISSUE II:  A. Write the new issue you want the Court to consider.  3. The Court should review this issue because: (Check check at least 1.)  1. The issue raises a serious question about the least 1. The issue raises a legal principle that is very im 3. The Court of Appeals decision is clearly wrong 4. The decision conflicts with a Supreme Court decision trules, etc. that support your argument and support and explain this issue. If any facts were no add more pages.)		court of Appeals No
<ul> <li>A. Write the new issue you want the Court to consider.</li> <li>B. The Court should review this issue because: (Check check at least 1.)</li> <li>□ 1. The issue raises a serious question about the letter court.</li> <li>□ 2. The issue raises a legal principle that is very im to court of Appeals decision is clearly wrong to the decision conflicts with a Supreme Court decision.</li> <li>C. (Explain why you think the choices you checked in court rules, etc. that support your argument and support and explain this issue. If any facts were no</li> </ul>		oxes you think apply to this issue, but you must
<ul> <li>3. The Court should review this issue because: (Check check at least 1.)</li> <li>□ 1. The issue raises a serious question about the leter court of Appeals decision is clearly wrong court of Appeals decision is clearly wrong court decision conflicts with a Supreme Court decision why you think the choices you checked in court rules, etc. that support your argument and support and explain this issue. If any facts were no</li> </ul>		exes you think apply to this issue, but you must
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C. (Explain why you think the choices you checked in court rules, etc. that support your argument and support and explain this issue. If any facts were no	portant to and will ca	Michigan law. use material injustice to me.
	"B" apply to explain ho	o this issue. List any cases and citations, laws, or ow they apply to this issue. State the facts that

Date)	(Sign your name)
	(Print your name and your MDOC number, if applicable)
	(Print the name of the correctional facility if incarcerated)
	(Print your address or address of the correctional facility)
After this page, you shou	ald include copies of the trial court and Court of Appeals decisions
After this page, you shou and other documents you	ld include copies of the trial court and Court of Appeals decisions want the Supreme Court to consider in deciding your application.
After this page, you shou and other documents you	lld include copies of the trial court and Court of Appeals decisions want the Supreme Court to consider in deciding your application.
After this page, you shou and other documents you	ld include copies of the trial court and Court of Appeals decisions want the Supreme Court to consider in deciding your application.
After this page, you shou and other documents you	Ild include copies of the trial court and Court of Appeals decisions want the Supreme Court to consider in deciding your application.
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MOTION TO TEMPORARILY WAIVE FEES (FOR USE BY AN APPELLANT WHO IS INCARCERATED)  Pursuant to MCR 7.319(C) and MCL 600.2963, for the reasons stated in the attached affidavit of indigency, I request that this Court temporarily waive the full payment of the filing fee for the attached pleading and determine an initial partial payment amount. I acknowledge my responsibility to pay the full amount of the filing fee and understand that the Michigan Department of Corrections will collect the remain fee as additional money becomes available in my prison account and will pay it to this Court at a later date, accordance with MCL 600.2963. If the Court does not allow this, I will be unable to file the attached pleading a timely manner.    (Date)	IN THE I	MICHIGAN SUPRI	ME COURT	
(FOR USE BY AN APPELLANT WHO IS INCARCERATED)  Pursuant to MCR 7.319(C) and MCL 600.2963, for the reasons stated in the attached affidavit of indigency, I request that this Court temporarily waive the full payment of the filling fee for the attached pleading and determine an initial partial payment amount. I acknowledge my responsibility to pay the full amount of the filling fee and understand that the Michigan Department of Corrections will collect the remain fee as additional money becomes available in my prison account and will pay it to this Court at a later date, accordance with MCL 600.2963. If the Court does not allow this, I will be unable to file the attached pleading a timely manner.    Date   Sign your name		, Appellant	Court of Appeals No	)
Pursuant to MCR 7.319(C) and MCL 600.2963, for the reasons stated in the attached affidavit of indigency, I request that this Court temporarily waive the full payment of the filing fee for the attached pleading and determine an initial partial payment amount. I acknowledge my responsibility to pay the full amount of the filing fee and understand that the Michigan Department of Corrections will collect the remain fee as additional money becomes available in my prison account and will pay it to this Court at a later date, accordance with MCL 600.2963. If the Court does not allow this, I will be unable to file the attached pleading a timely manner.    (Bate)   (Sign your name)   (Print your name and MDOC number)				
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AFFIDAVIT OF INDIGENCY  My name is and my MDOC number is  I am in prison at in	indigency, I request that this Court tempora pleading and determine an initial partial pay amount of the filing fee and understand tha fee as additional money becomes available accordance with MCL 600.2963. If the Court	rily waive the full pa yment amount. I ack it the Michigan Depa in my prison accoun	yment of the filing fee fo nowledge my responsibi artment of Corrections w t and will pay it to this Co	or the attached lity to pay the full ill collect the remaining ourt at a later date, in
AFFIDAVIT OF INDIGENCY  My name is and my MDOC number is  I am in prison at in	(Date)	(Sign your n	ame)	
AFFIDAVIT OF INDIGENCY  My name is and my MDOC number is  I am in prison at in		(Print your n	ame and MDOC number)	
My income and assets are: (Check the boxes that apply to you.)    My only source of income is from my prison job and I make \$	I am in prison at		in	
My income and assets are: (Check the boxes that apply to you.)    My only source of income is from my prison job and I make \$				
☐ I have no income. ☐ I have no assets that can be converted to cash. ☐ I cannot pay the full filing fees for the attached application. ☐ I have enclosed a copy of my Statement of Prisoner Account.  I declare that the statements above are true to the best of my knowledge, information and belief.  (Date)  (Sign your name.) (Print your name and MDOC number)		s that apply to you.)	(City a	inu state)
(Print your name and MDOC number)	☐ I have no income. ☐ I have no assets that can be cor ☐ I cannot pay the full filing fees ☐ I have enclosed a copy of my State	nverted to cash. for the attached a	pplication. Account.	
, 	(Date)	(Sign your name.)		
(Print the name of the correctional facility)		(Print your name a	and MDOC number)	
		(Print the name o	f the correctional facility)	
(Print the address of the correctional facility)		(Print the address	of the correctional facility)	

MOTION TO WAIVE FEES (FOR USE BY AN APPELLANT WHO IS NOT INCARCERATED)  I request that the Michigan Supreme Court waive the filing fees for this case because I cannot afford to parem, as established by my affidavit of indigency (below).    Court   Court of Appeals granted my motion to waive fees in that court.   Yes   No   Not Applicable		IN THE MICHIGAN SUPREME COURT
(FOR USE BY AN APPELLANT WHO IS NOT INCARCERATED)  I request that the Michigan Supreme Court waive the filing fees for this case because I cannot afford to pathem, as established by my affidavit of indigency (below).    Charle   Charle		· · · · · · · · · · · · · · · · · · ·
(FOR USE BY AN APPELLANT WHO IS NOT INCARCERATED)  I request that the Michigan Supreme Court waive the filing fees for this case because I cannot afford to pathem, as established by my affidavit of indigency (below).    Coate		MOTION TO WAIVE FEES
Chare   Court of Appeals granted my motion to waive fees in that court.   Yes   No   Not Applicable		
AFFIDAVIT OF INDIGENCY  1. The Court of Appeals granted my motion to waive fees in that court.	hei	I request that the Michigan Supreme Court waive the filing fees for this case because I cannot afford to paym, as established by my affidavit of indigency (below).
AFFIDAVIT OF INDIGENCY  1. The Court of Appeals granted my motion to waive fees in that court.	(D	ate) (Sign your name)
1. The Court of Appeals granted my motion to waive fees in that court.		(Print your name)
2. I am currently receiving public assistance.    If Yes, state the type of assistance and identify the government agency that provides it:  If No, provide the information requested below:  Average monthly income from all sources:  Assets (specify value of home and other real estate, car, bank deposits, cash, bonds, stocks, etc.):  Obligations (specify amount of monthly rent or mortgage, child support, installment payments, etc.):  Marital status and number of dependents:  I declare that the statements above are true to the best of my knowledge, information and belief.  (Sign your name.)  (Print your name)		AFFIDAVIT OF INDIGENCY
If No, provide the information requested below:  Average monthly income from all sources:  Assets (specify value of home and other real estate, car, bank deposits, cash, bonds, stocks, etc.):  Obligations (specify amount of monthly rent or mortgage, child support, installment payments, etc.):  Marital status and number of dependents:  I declare that the statements above are true to the best of my knowledge, information and belief.  (Sign your name.)  (Print your name)		
Average monthly income from all sources:		If Yes, state the type of assistance and identify the government agency that provides it:
Marital status and number of dependents:  I declare that the statements above are true to the best of my knowledge, information and belief.  (Date)  (Sign your name.)  (Print your name)		Average monthly income from all sources:
I declare that the statements above are true to the best of my knowledge, information and belief.  (Sign your name.)  (Print your name)		Obligations (specify amount of monthly rent or mortgage, child support, installment payments, etc.):
(Date) (Sign your name.) (Print your name)		Marital status and number of dependents:
(Sign your name.)	Ιc	eclare that the statements above are true to the best of my knowledge, information and belief.
	(D	ate) (Sign your name.)
(Print your address)		(Print your name)
		(Print your address)

### IN THE MICHIGAN SUPREME COURT \_\_\_\_\_, Appellant Court of Appeals No.\_\_\_\_\_ PROOF OF SERVICE (Fill out a separate copy of this form for each appellee being served) On \_\_\_\_\_, 20\_\_\_\_, I mailed by U.S. mail 1 copy of the documents checked below: ☐ Application for Leave to Appeal ☐ Copy of Trial Court decision ☐ Copy of Court of Appeals Decision ☐ Statement of Prisoner Account (if incarcerated) ☐ Motion to Temporarily Waive Fees / Affidavit of Indigency (if incarcerated) ☐ Motion to Waive Fees / Affidavit of Indigency (if not incarcerated) ☐ Proof of Service ☐ Other: \_\_\_\_\_ \*\*\*You do not have to provide any briefs filed in the trial court or Court of Appeals\*\*\* TO: (Street address) (Name of appellee) (State) (Zip Code) I declare that the statements above are true to the best of my knowledge, information and belief. (Date) (Sign your name) (Print your name and your MDOC number, if applicable) (Print name of correctional facility if incarcerated) (Print your address or address of correctional facility) Page 13

### REQUEST FOR STATEMENT OF PRISONER ACCOUNT

### TO: PRISONER ACCOUNTING

I request a statement of my prisoner account for filing in the Michigan Supreme Court in the case captioned as follows:

### IN THE MICHIGAN SUPREME COURT

v_
(Print case title from Court of Appeals order or opinion)
Docket number of Court of Appeals case:
Date of Court of Appeals opinion or order being appealed:
Docket number of trial court case:
* * * * * * * * * * * * * * * * * * * *
Your prompt assistance in this matter will be greatly appreciated.
Sincerely,
(Sign your name)
(Print your name and MDOC number)
(Print name of the correctional facility)
(Print address of the correctional facility)

**NOTE:** FOR CIVIL APPEALS, YOU MUST COMPLETE THIS FORM BY FILLING IN THE INFORMATION REQUIRED ON EACH LINE. AFTER THE FORM IS COMPLETED, SEND IT TO THE ACCOUNTING OFFICE AT YOUR CORRECTIONAL FACILITY. BE SURE TO RETAIN A COPY OF THIS FORM FOR YOUR FILE. YOU MUST ALSO COMPLETE THE MOTION TO TEMPORARILY WAIVE FEES AND THE AFFIDAVIT OF INDIGENCY.

### NOTICE OF FILING APPLICATION IN THE MICHIGAN SUPREME COURT

(Mail 1 copy of this notice to the Court of Appeals and 1 copy to the trial court)

(Today's Date)		
☐ Michigan Court of Appeals Clerk's Office Hall of Justice P.O. Box 30022 Lansing, MI 48909		
	VV	
(Print case title from Court of Appeals order or opinion)	·	
Court of Appeals No(Get this number fr		
(Get this number from the Court No		
(Get this number from the Co	ourt of Appeals brief or a trial court document)	
Dear Clerk:		
(Sign your name)  (Print your name and your MDOC number, if applicable)		
(Print name of the correctional facility if incarcerated)		
(Print your address or address of the correctional facility)		

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