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Lower Court or Tribunal <input style="width: 95%;" type="text" value="JACKSON CIRCUIT COURT"/>	STATE OF MICHIGAN IN THE COURT OF APPEALS Cover Sheet	CASE NO. Year: <input style="width: 20px;" type="text" value="11"/> Number: <input style="width: 60px;" type="text" value="004979"/> Case Type: <input style="width: 40px;" type="text" value="FC"/> CIRCUIT: <input style="width: 20px;" type="text" value="11"/> COURT OF APPEALS: <input style="width: 60px;" type="text" value="312007"/>
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Filing Party

Filing Party Last Name or Business/Entity/Agency Name <input style="width: 95%;" type="text" value="MERCER BARBARA JEAN"/> Filing Party First Name M.I. <input style="width: 95%;" type="text"/> Address (Street 1, Street 2, City, State, and ZIP Code) <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	Attorney Last Name <input style="width: 95%;" type="text" value="Grove"/> Attorney First Name M.I. P Number <input style="width: 95%;" type="text" value="Chari"/> <input style="width: 20px;" type="text" value="K"/> <input style="width: 20px;" type="text" value="25812"/> Address (Street 1, Street 2, City, State, and ZIP Code) <input style="width: 95%;" type="text" value="645 Grsiwold Street"/> <input style="width: 95%;" type="text" value="Suite 3300"/> <input style="width: 95%;" type="text" value="Detroit"/> <input style="width: 20px;" type="text" value="MI"/> <input style="width: 20px;" type="text" value="48226"/> Attorney Telephone Number <input style="width: 95%;" type="text" value="(313)256-9833"/>
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Summary of Items Filed

Type	Filename/Description	Filing Fee	Doc Fee	Total This Filing
Stipulation	Stipulation Withdrawing Motion to Remand	\$5.00	----	\$5.00
		3% Service Fee:		\$0.15
Fee Substitute/Alternate Payment		Total All Filings:		\$5.15

Reason:

- Appointed Counsel
- Motion To Waive Fee
- Fees Waived in this Case
- MI InterAgency Transfer
- No Fee per MCR 7.203(F)(2)

Filer Office Use Only:

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