

<b>STATE OF MICHIGAN CITY OF DETROIT DEPARTMENT OF APPEALS AND HEARINGS</b>	<b>BOND ON APPEAL</b>	<b>CASE NO.:</b>
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Address: 2 Woodward Avenue, Suite 1004, Detroit, Michigan 48226

Telephone No. 313-224-0098

Plaintiff's Name, address and telephone no. <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

V

Respondent's Name, address and telephone no. <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

Hearing Officer	Party for whom judgment entered	Party against whom judgment entered	Amount of judgment
Amount of Bond	Type of bond <input type="checkbox"/> cash <input type="checkbox"/> personal	Principal (Appellant)	
Type or print name(s), address(es), and telephone number(s) of surety(ies)			

The principal and surety, if applicable, are bound jointly and severally to the appellee or the **DAH** in the sum stated if the principal fails to perform any of the following obligations:

1. Diligently prosecute this appeal to decision.
2. If the reviewing court affirms the **DAH** judgment or the appeal is dismissed or discontinued, perform or satisfy the judgment or order appealed from including costs and interest.
3. In an action involving the possession of land or judgment for foreclosure of a mortgage or land contract, pay the amount stated in the appealed judgment, appellate costs, and interest, and pay any damages from the time of forcible entry, the detainer, the notice to quit, or demand for possession.
4. Perform all other acts required by law, including:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Surety

The surety(ies) in this bond acknowledge(s) personal worth in the amount of twice the penalties in the bond over and above all debts and legal exemptions.		
Date	Surety	Surety
Subscribed and sworn to before me on _____, _____ County, Michigan.		
My commission expires: _____		Signature: _____

**The bond is approved and filed**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hearing Officer

\_\_\_\_\_  
Bar no.