

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

|   |
|---|
| Plaintiff name(s), address(es), and telephone no(s).    |
| Plaintiff attorney, bar no., address, and telephone no. |

v

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|--|
| Defendant name(s), address(es), and telephone no(s). |
| Government Entity                                    |

**In accordance with Section 511 of Public Act 300, 1949, as amended, State of Michigan, I hereby certify that the following is a true abstract record of the 37<sup>th</sup> Judicial District Court of Macomb County, in the above listed case:**

**Plaintiff:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Plaintiff's Counsel:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Plaintiff's Counsel:** \_\_\_\_\_  
**Defendant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Defendant's Counsel:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Nature of Case:** \_\_\_\_\_  
**Date of Accident:** \_\_\_\_\_ **Amount of Judgment:** \_\_\_\_\_  
**Date of Judgment:** \_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_  
 Certification Date

\_\_\_\_\_  
 Clerk or Judge Signature

\_\_\_\_\_  
 Title

**IDENTIFICATION PURPOSES**

**Defendant's License:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_  
**Defendant's Birthday:** \_\_\_\_\_