

# MACOMB CIRCUIT COURT CASE EVALUATOR APPLICATION

(Not to be used by ADR Mediator Applicants)

Applicants may submit applications in teams of three for approval.

If this is a team request, please list the last names of the other two applicants:

To serve as a case evaluator in Macomb County Circuit Court, an applicant must meet the following minimum qualifications:

- An applicant must have been a practicing lawyer for at least five years.
- An applicant must be a member in good standing of the State Bar of Michigan.
- An applicant must reside, maintain an office, or have an active practice (litigation and/or mediation) in Macomb County.
- An applicant must demonstrate that a substantial portion of his/her practice for the last 5 years has been devoted to civil litigation matters including investigation, discovery, motion practice, case evaluation, settlement, trial preparation, and/or trial.
- An applicant must demonstrate an active practice for the last three years in the area of personal injury/negligence, medical malpractice, product liability, commercial, labor and employment, or complex commercial to qualify for those specialized sublists.

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This form must be filled out completely and attachments included to be considered by the Case Evaluation Committee.

Full Name \_\_\_\_\_ P# \_\_\_\_\_

Residence address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Business address (if different from residence address) \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

Current Employer's Name \_\_\_\_\_ Number of years with employer \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_ Number of years with employer \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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## PART A: General Information

New Application       Renewal Application

1. When were you admitted to the practice of law (month/day/year)? \_\_\_\_\_

2. Are you a member in good standing of the State Bar of Michigan?     Yes     No

3. Have you ever been disciplined by the Michigan Attorney Discipline Board or any other

state or federal agency or court? If yes, explain on an attachment.  Yes  No

4. Have you served as a case evaluator?  Yes  No. If yes, please describe on an attachment.
5. Do you qualify for service in this jurisdiction by (a)  residing in Macomb County (b)  maintaining an office in Macomb County, or (c)  an active practice in Macomb County?
6. Please provide factual support for your qualification(s) under question 5 by providing a description of your “active practice” on an attachment.
7. Please demonstrate that a substantial portion of your practice for the last 5 years has been devoted to civil litigation matters, including investigation, discovery, motion practice, case evaluation, settlement, trial preparation, and/or trial, as required by MCR 2.404(B)(2)(c) on an attachment.
8. Panel sought (select no more than two):
  - General Civil
  - Personal Injury/Negligence ( Plaintiff  Neutral  Defense)
  - Medical Malpractice ( Plaintiff  Neutral  Defense)
  - Product Liability ( Plaintiff  Neutral  Defense)
  - Commercial ( Plaintiff  Neutral  Defense)
  - Labor and Employment ( Plaintiff  Neutral  Defense)
  - Complex Commercial ( Plaintiff  Neutral  Defense)

**PART B: For Specialized Lists**

Complete Part B if you are applying for service on a Specialized List (i.e. personal injury/negligence, medical malpractice, product liability, commercial, labor and employment, and complex commercial) pursuant to MCR 2.404(B)(4).

1. In your practice, do you primarily represent:
  - Plaintiffs  Defendants  Not identifiable
2. Indicate the percent of your current practice in the following areas:  
Personal Injury/Negligence \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

Medical Malpractice \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

Product Liability \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

Commercial \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

Labor and Employment \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

Complex Commercial \_\_\_\_\_% Plaintiff \_\_\_\_\_% Defendant

3. Please demonstrate that you have had an active practice for the past 3 years in the area of law for the Specialized List you are applying as required by MCR 2.404(B)(2)(d) **on an attachment.**

4. How many cases on average have you participated in **case evaluation, facilitation, or mediation** as counsel for a party over the last three years? \_\_\_\_\_.

5. Have you previously served as a case evaluator, mediator, facilitator, or arbitrator in the past three years? \_\_\_\_\_.

6. If so, please identify the forum, location and nature of case(s) heard, frequency of service, and whether you served as plaintiff, defendant, or neutral position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How many cases did you resolve by way of settlement over the past three years on an annual basis? \_\_\_\_\_ Please specify the type of case.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Indicate the percent of your current practice:

Mediation \_\_\_\_\_%                      Litigation \_\_\_\_\_%

## **CASE EVALUATOR ELIGIBILITY CERTIFICATION**

I certify, pursuant to MCR 2.404(B)(1), that I meet the requirements for service under the Macomb County Circuit Court's selection plan and that I will not discriminate against parties, attorneys, or other case evaluators on the basis of race, ethnic origin, gender, or other protected personal characteristic.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**GENDER/RACE/ETHNICITY INFORMATION - OPTIONAL**

In order to evaluate our efforts to provide bias free case evaluators and diversity, we ask you to voluntarily identify your gender/race/ethnicity. This information will be maintained separately from the other pages of the application.

\_\_\_\_\_  
Name (first, middle initial, last) (print or type)

P\_\_\_\_\_  
Bar No.

Please check the appropriate box:

**Gender**

- Male
- Female

**Race/Ethnicity**

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black/African American (non-Hispanic)
- Caucasian (non-Hispanic)
- Hispanic
- Other \_\_\_\_\_

Please specify

Return this application to:

Macomb County Circuit Court  
ADR Clerk  
40 N. Main, 6th Floor  
Mt. Clemens, MI 48043

case.evaluation@macombgov.org