

MACOMB COUNTY PROBATE COURT

GAL/APPOINTED ATTORNEY

2022 ATTORNEY PROFILE FORM

COMPLETION IS MANDATORY

PLEASE PRINT OR TYPE, AND EMAIL TO lindy.kilgore@macombgov.org

Name _____

Firm Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

Cell Phone # _____ Michigan Bar # _____

E-mail address (required)* _____

Secretary e-mail (optional) _____

List any other languages spoken _____

Malpractice Insurance Carrier (required) _____

Malpractice Insurance Policy Number _____

Amount of Insurance Coverage per Claim/Aggregate _____

Attach a copy of the first page of your current policy.

TRAINING WILL BE HELD IN THE JURY ROOM OF THE MACOMB COUNTY COURT BUILDING,
40 N. MAIN ST., 1ST FLOOR, MT. CLEMENS, MI 48043 ON **DECEMBER 12, 2022 FROM 1:00 P.M.
TO 4:00 P.M.**

PICK ONE:

_____ I WILL ATTEND THE TRAINING SESSION

_____ I WISH TO BE PUT ON WAITING LIST FOR VIDEO SESSION

Confirmation of your Profile will be sent to you by email.