## MACOMB CIRCUIT COURT CASE EVALUATOR APPLICATION

(Not to be used by ADR Mediator 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, labor and employment, or commercial law and business disputes to qualify for those specialized sublists.

		P#	
Full name			
Residence address		Home Telephone No.	
Business address (if different from residence address)		Business Telephone No.	
Current Employer's Name		Number of years with employe	
Previous Employer's Name		Number of years with employer	
Fax:	E-Mail address:		
PART A: General Informat	ion		
New Applicant	Renewal Application		
1. When were you admitted	to the practice of law (month/day/ye	ear)?	
2 Are you a member in good	I standing of the State Bar of Michiga	n? Yes No	

3.	Have you ever been disciplined by the Mederal agency or court? If yes, explain on			pline Board or any othe Yes	er state or No			
4.	Have you served as a case evaluator?	Ye	s No If yes	s, please describe <u>on an</u>	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" <b>on an attachment</b> .							
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.	8. Panel sought (select no more than two):							
	General Civil							
	Personal Injury/Negligence	(	Plaintiff	Neutral	Defense)			
	Product Liability	(	Plaintiff	Neutral	Defense)			
	Medical Malpractice	(	Plaintiff	Neutral	Defense)			
	Labor and Employment	(	Plaintiff	Neutral	Defense)			
	Commercial Law and Business Disputes	(	Plaintiff	Neutral	Defense)			
Co ne	ART B: For Specialized Lists mplete Part B if you are applying for serving gligence, product liability, medical malprasiness disputes) pursuant to MCR 2.404(B	ctice	•		and and			
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				
Product Liability			% Plaintiff	% Defendant				
Medical Malpractice			% Plaintiff	% Defendant				
Labor and Employment			% Plaintiff	% Defendant				
Со	mmercial Law and Business Disputes		% 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 <b>case evaluation, facilitation, or mediation as counsel</b> 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 ELICIPILITY CERTIFICATION
	CASE EVALUATOR ELIGIBILITY CERTIFICATION
Co otł	ertify, pursuant to MCR 2.404(B)(1), that I meet the requirements for service under the Macomb unty Circuit Court's selection plan and that I will not discriminate against parties, attorneys, or ner case evaluators on the basis of race, ethnic origin, gender, or other protected personal aracteristics.
Da	te 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.

		Р					
Name (first, middle initial, last) (print or type)	Bar no.						
Please check the appropriate box:							
Gender							
Male							
Female							
Race/Ethnicity							
American Indian or Alaskan N	American Indian or Alaskan Native						
Asian or Pacific Islander	Asian or Pacific Islander						
Black/African American (non-	Black/African American (non-Hispanic)						
Caucasian (non-Hispanic)							
Hispanic							
Other							
Please specify							
Deturn this application to							
Return this application to:							
	Macomb County Circuit Court						
	ADR Clerk						
	40 N. Main, 6th Floor						
	Mt. Clemens, MI 48043						

case.evaluation@macombgov.org