

STATE OF MICHIGAN 38 th Judicial Circuit Court Monroe County Probate Court 1 st District Court	Application To Receive Court Appointments	For Court Use Only: Approval / Appointment Date: ____/____/____ Chief Judge / Administrator Approval: Circuit _____ District _____ Probate _____
Court Address 106 East First Street, Monroe, MI 48161		Court telephone no. (734) 240-7020

PLEASE TYPE OR LEGIBLY PRINT THIS APPLICATION INFORMATION

Attorney's Name:	Bar Number:
Address:	Federal ID Number:
	Office Phone:
City: State: Zip:	Cell Phone:
Email Address:	Fax Number:

I certify that:

- I am and will remain duly licensed to practice law in the State of Michigan.
- I have and will continue to maintain a law office in the County of Monroe, Michigan.
(neither a P.O. Box nor a "virtual" office is sufficient)
- I am and will remain a member in good standing with the Monroe County Bar Association.
- I will participate in training or educational programs as determined by the Court.
- I will be properly prepared and appear on time for all hearings.
- I will submit proper billings and document time spent in tenths of an hour.
- I will submit accurate billings for service within 30 days of the service rendered.
- I understand that bills not submitted in a timely manner may be rejected for payment.
- I _____ have _____ have not been the subject of any disciplinary action by the State Bar of any state.
(If disciplined, attach detailed explanation to this application)
- I have read and agree to follow local court orders and policies with regard to court appointments.
- I will immediately notify the court in writing of any changes in the above information.
- I understand failure to follow the above may result in my removal from the court appointment list.

I hereby request to be considered for appointment by the court in the case types indicated below:

Circuit Court, Circuit Court-Family Division & District Court	<i>Years Experience</i>
<input type="checkbox"/> Felony-Capital Offenses <i>(Must have at least 5 years experience)</i>	_____
<input type="checkbox"/> Felony-Non-Capital Offenses	_____
<input type="checkbox"/> Misdemeanors	_____

Family Division / Juvenile Section	<i>Years Experience</i>
<input type="checkbox"/> Parents of neglected children	_____
<input type="checkbox"/> Neglected children	_____
<input type="checkbox"/> Juvenile Delinquents	_____
<input type="checkbox"/> Appeals	_____

Probate Court	<i>Years Experience</i>
<input type="checkbox"/> Mental Commitments	_____
<input type="checkbox"/> Developmentally Disabled Individuals	_____
<input type="checkbox"/> Guardianship and Conservatorship Cases	_____

 Attorney Signature Bar # Date