

Return form to:

Office of the Court Administrator
Judicial Aide
40 North Main, 5th Floor
Mount Clemens, MI 48043
Questions call: (586) 469-5156
Fax: (586) 469-5430

**STATE OF MICHIGAN
MACOMB COUNTY CIRCUIT COURT
DOMESTIC
COURT APPOINTED COUNSEL APPLICATION**

PLEASE PRINT OR TYPE

Enter "N/A" for any blank responses

I certify that I have completed the following **BEFORE** submitting my application.

- I have attended a Basic Skills seminar on Domestic Law.
- I have read Local Administrative Order 2010-1 governing the Indigent Panel Application process and the representation of indigent individuals (available at www.macombcountymi.gov/circuitcourt).
- I am a member in good standing with the Macomb County Bar Association and the State Bar of Michigan.

NOTE: If you need additional room to answer any questions in this application, write "*see attached*" and provide answer on attachment.

Personal Information

Name (last, first): _____ P#: _____
 Principal office address: _____
 City: _____ State: _____ Zip: _____
 Email address: _____ Tax ID #: _____
 Office #: _____ Cell #: _____ Fax #: _____
 Date admitted to the Michigan State Bar Association: _____
 How long have you practiced law in Macomb County? _____
 Date joined the Macomb County Bar Association: _____
 Are you fluent in any foreign language? Yes No If yes, please list: _____

Appointment Information

Attorneys applying to be counsel in domestic relations cases within the Family Division must have substantial and relevant experience in representing individuals in domestic relations including experience in Macomb County Circuit Court. Attorneys must have shown competence and diligence in the cases in which they have appeared.

Professional Involvement

List the professional training you have in the area(s) in which you seek appointments; include title of training, provider and date(s): _____

List where you have spoken, taught, presented or published in the areas in which you seek appointments; include topic and date(s): _____

List any professional organization(s) of which you are currently a member (including sections or committees) which are relevant to the areas in which you seek appointments:

List seminars or mini-seminars on domestic law you attended in the last twelve months and include date(s): _____

Have you ever been reprimanded, suspended or disbarred from the practice of law in this State or any other state in which you are/were licensed to practice law? Yes No If yes, please explain:

Domestic Experience

Number of domestic relations cases you were retained to handle within the last twelve months:

Date of most recent case: _____

Number of cases you tried as a domestic attorney at Macomb County Circuit Court within the last twelve months:

List three (3) domestic cases which you have tried **to completion**:

	Case Name	Name of Court	Judge	Date of Trial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List significant evidentiary hearings you have been involved in:

	Case Name	Name of Court	Judge/Referee	Date of Hearing
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List any related trial experience which you believe is relevant for the categories for which you seek appointment:

- _____
- _____
- _____

List any cases in which you assisted an experienced mentor which you believe should be considered in reviewing your application:

	Case Name	Name of Court	Judge	Date	Name of Mentor
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

References

List three attorneys as personal references.

- 1. Name: _____
Street address: _____ City: _____ State: _____ Zip: _____
Telephone number: _____
- 2. Name: _____
Street address: _____ City: _____ State: _____ Zip: _____
Telephone number: _____
- 3. Name: _____
Street address: _____ City: _____ State: _____ Zip: _____
Telephone number: _____

Acknowledgement

I understand that I can attach additional documentation with my application. The information stated on this application is true to the best of my knowledge. I agree to be bound by the rules of the Local Administrative Order 2008-1, governing the appointment of counsel to represent indigent individuals as amended from time to time.

Signature of Applicant

Date: _____

Circuit Court Use Only		
Panel Meeting Date: _____		
Incomplete application:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Current MCBA member:	<input type="checkbox"/> yes <input type="checkbox"/> no	Panel Action: <input type="checkbox"/> approved <input type="checkbox"/> rejected
ICLE or CLE seminar in Domestic Law:	<input type="checkbox"/> yes <input type="checkbox"/> no	Additional Recommendations: <input type="checkbox"/> yes <input type="checkbox"/> no
Michigan Discipline Board Action:	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Verified address with State Bar:	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Panel initials:		