

**Return form to:**

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

**STATE OF MICHIGAN  
MACOMB COUNTY CIRCUIT COURT  
FAMILY DIVISION/JUVENILE  
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 the basic Juvenile Law Seminar offered by the Macomb County Bar Association (both sessions required):  
     Delinquency                                      Date viewed: \_\_\_\_\_  
     Protective Proceedings                      Date viewed: \_\_\_\_\_
- 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](http://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 Categories***

Check the categories you want to be considered for (read eligibility requirements in the Local Administrative Order 2008-1 for each appointment category):

- Delinquency Cases                                       Neglect Cases                                       Saturday On-Call
- Parental Consent Waiver Hearings                       Juvenile Appellate Cases                       Diversion Cases

***Professional Involvement***

List the professional training you have had in the last twelve months in the area(s) in which you seek appointments; include title of training, provider and year: \_\_\_\_\_

\_\_\_\_\_

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 Juvenile law that you attended in the last 12 months and include date(s):

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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:

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**Experience**

Delinquency cases:

How long have you been representing Delinquency cases? \_\_\_\_\_

Number of cases you were retained/appointed on within the last twelve months: \_\_\_\_\_

Number of jury trials: \_\_\_\_\_ Number of non-jury trials: \_\_\_\_\_

List experience in delinquency proceedings within the last twelve months: \_\_\_\_\_

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Protective proceeding cases:

How long have you been representing Neglect cases? \_\_\_\_\_

List the number of cases you were retained/appointed on representing a minor(s) within the last twelve months: \_\_\_\_\_

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Number of jury trials: \_\_\_\_\_ Number of non-jury trials: \_\_\_\_\_

List the number of cases you were retained/appointed on representing a parent(s) within the last twelve months: \_\_\_\_\_

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Number of jury trials: \_\_\_\_\_ Number of non-jury trials: \_\_\_\_\_

Number of parental rights termination cases: \_\_\_\_\_

List experience in protective proceedings within the last twelve months: \_\_\_\_\_

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Parental Waiver Hearing cases:

Number of cases you were retained/appointed on within the last twelve months: \_\_\_\_\_

Juvenile Appellate cases:

Number of cases you were retained/appointed on within the last twelve months: \_\_\_\_\_

For each category for which you seek appointments, list three (3) cases which you have tried **to completion**:

**Delinquency Cases**

	Case Name	Name of Court	Judge/Referee	Charge(s)	Date of Trial
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**Neglect Cases**

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

**Parental Consent Waiver Hearings**

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

**Juvenile Appellate Cases**

	Case Name	Charge(s)	Date of Trial
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Diversion Cases**

	Judge/Referee	Date of Hearing	Diversion Attorney Observed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List any related trial experience which you believe is relevant for the categories for which you seek appointment and include date(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

	Case Name	Judge/Referee	Charge(s)	Date of Trial	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:  yes  no  
Current MCBA member:  yes  no Panel Action:  approved  rejected  
Delinquency and Protective Proceedings viewed:  yes  no Additional Recommendations:  yes  no  
Michigan Discipline Board Action:  yes  no \_\_\_\_\_  
Verified address with State Bar:  yes  no \_\_\_\_\_

Panel initials: