

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	MEDIATION STATUS REPORT	CASE NO. JUDGE:
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Court address _____ Court telephone no. _____

Plaintiff name(s), address(es), and telephone no(s).	v	Defendant name(s), address(es), and telephone no(s).
Plaintiff attorney, bar no., address, and telephone no.		Defendant attorney, bar no., address, and telephone no.
<input type="checkbox"/> Probate In the matter of _____		

The mediator must submit this report within 7 days of completing mediation or of determining mediation is inappropriate.

1. Mediation was completed on _____ . Mediation was determined inappropriate.
Date

2. The participants were:

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

3. This case was:

a. settled. Final documents will be filed with the court on or before _____ by _____ .
Date Name

b. not settled.

c. Further alternative dispute resolution proceedings are are not contemplated.

Date

Signature

Mediator name (type or print)