

CASE EVALUATOR APPLICATION

To serve as a case evaluator, you must meet the following qualifications.

- You must have been a practicing lawyer for at least 5 years.
- You must be a member in good standing of the State Bar of Michigan.
- You must reside, maintain an office, or have an active practice in the jurisdiction for which the list of case evaluators will be compiled.
- You must 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.
- If the court maintains sublists for specific types of cases (such as professional malpractice, commercial, labor and employment), you must have had an active practice in those areas. For further information, refer to MCR 2.404.

Please type or print clearly.

1. Full name (first, middle initial, last)		2. Bar no. P
3. Residence address		4. Home telephone no. ()
5. Business address (if different from residence address)		6. Business telephone no. ()
7. Current employer's name		8. Number of years with employer
9. Previous employer's name		10. Number of years with employer
11. Fax no. ()	12. E-mail address	
13. Date admitted to state bar	14. Years in practice	

Part A: General Information

15. This is a new application. renewal.
16. Are you currently a member in good standing of the State Bar of Michigan? Yes No
17. Have you ever been disciplined by the Michigan Attorney Discipline Board or any other state or federal agency or court? If yes, explain. Complete on separate pages if needed. Yes No

18. Provide information that demonstrates experience in civil litigation including investigation, discovery, motion practice, case evaluation, settlement, trial preparation, and/or trial for the last 5 years. For any trial experience, include the name of the case, the year of trial, the case number, the number of trial days, the name of the court, the name of the judge, and whether you represented the plaintiff or the defendant. Complete on separate pages if needed.

19. Indicate the percent of your law practice for the past 5 years devoted to civil litigation matters, including investigation, discovery, motion practice, case evaluation, settlement, trial preparation, and/or trial.

_____ % plaintiff _____ % defense

Indicate the percent of your current trial practice in the following areas:

- Personal injury/Auto negligence _____ % plaintiff _____ % defense
- Professional malpractice _____ % plaintiff _____ % defense
- Product liability _____ % plaintiff _____ % defense
- Commercial _____ % plaintiff _____ % defense
- Labor and Employment _____ % plaintiff _____ % defense
- Condemnation _____ % plaintiff _____ % defense
- Domestic relations _____ % plaintiff _____ % defense
- Other _____ specify _____ % plaintiff _____ % defense
- Other _____ specify _____ % plaintiff _____ % defense

Part B: For Specialized Lists Complete Part B if the court maintains sublists for specific types of cases and you have had an active practice in those areas for at least the last 3 years.

20. Indicate which you primarily represent: Plaintiff Defendant Neutral (not representing a majority of either)

Indicate the sublist(s) you are applying for: _____

21. List the areas of law in which you practice and how long you have practiced in each area.

Area of law	Years practiced	/	Area of law	Years practiced
Area of law	Years practiced	/	Area of law	Years practiced

Part C: Additional Information

22. Provide any additional information about you that would be helpful in describing your qualifications to serve as a case evaluator, for example, teaching law school courses. Complete on separate pages if needed.

I certify that I meet the requirements for service under the court's selection plan and that I will not discriminate against parties, attorneys, or other case evaluators on the basis of race, ethnic origin, gender, or other protected personal characteristics.

_____ Date

_____ Signature

Part D: Gender and Race Information

Providing the following information is optional. It is requested in accordance with MCR 2.404(B)(1) and will be maintained separately from your application.

Full name (first, middle initial, last) (print or type)	Bar no. P
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Check the boxes that apply to you.

Gender:

- Female Male

Race/Ethnicity:

- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black/African American (non-Hispanic)
 Hispanic
 White/Caucasian (non-Hispanic)
 Other