

MACOMB COUNTY PROBATE COURT
2018 GAL TRAINING SEMINAR
Attorney Profile & Registration Form

Pre-Registration is Mandatory

Please Print or Type Only

Attorney Name: _____

Michigan Bar No.: _____

Firm Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Cell Phone No.: _____

Email Address: _____

List any other languages spoken: _____

Professional Liability Insurance Carrier (**required**): _____

Professional Liability Insurance Policy Number: _____

Amount of insurance coverage per claim/aggregate: _____

Attach a copy of your current professional liability insurance declaration page to this form.

Training will be held in Judge Sandra Harrison's Courtroom on December 28, 2018, at 440 North Rose Street, Mt. Clemens, MI 48043, beginning at 9:00 a.m. Training Seminar materials and handouts will be available approximately one week prior to the training date on the Macomb County Probate Court website: <http://probatecourt.macombgov.org>, under "Information for Filers". Attendees will be expected to bring those materials to the seminar.

RETURN THIS COMPLETED FORM AND THE DECLARATION PAGE FROM YOUR CURRENT PROFESSIONAL LIABILITY INSURANCE TO: bob.szalka@macombgov.org, or fax no. 586/783-0905.