

MACOMB COUNTY PROBATE COURT

**GAL/APPOINTED ATTORNEY
TRAINING SESSION**

2019 ATTORNEY PROFILE & REGISTRATION FORM

PRE-REGISTRATION IS MANDATORY

PLEASE PRINT OR TYPE, AND FAX TO 586-783-0905

Name _____

Firm Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

Cell Phone # _____ Michigan Bar # _____

E-mail address (required)* _____

Secretary e-mail (optional) _____

List any other languages spoken _____

Malpractice Insurance Carrier (required) _____

Malpractice Insurance Policy Number _____

Amount of Insurance Coverage per Claim/Aggregate _____

Attach a copy of the first page of your current policy.

TRAINING WILL BE HELD IN THE JURY ROOM OF THE MACOMB COUNTY COURT BUILDING,
40 NORTH MAIN STREET, 1ST FLOOR, MT. CLEMENS, MI 48043 ON **DECEMBER 6, 2019 from
1:00 p.m. to 4:00 p.m.**

THIS TRAINING SESSION HAS SEATING LIMITED TO 175. THE FIRST 175 TO REGISTER WILL
BE ACCOMMODATED. After 175 have registered, a waiting list will be put together and individuals on
the waiting list will be scheduled for a video replay of the Training AT A DATE AND TIME TO BE
DETERMINED.

PICK ONE

_____ I WILL ATTEND THE TRAINING SESSION

_____ I WISH TO BE PUT ON WAITING LIST FOR VIDEO SESSION

Confirmation of your registration will be sent to you by email.