

OUTLINE

OVERVIEW OF ADR/CASE EVALUATION PROCEDURES AND INITIAL FILING OF MINOR GUARDIANSHIP PACKAGES BY PRIVATELY RETAINED ATTORNEYS

1. Pretrials
 - a. Revised Form PC 1033: Notice of Pretrial Conference
 - b. Statement of Issues
 - c. ADR: Stipulation and Order must list time and date of ADR meeting and name and address of facilitator, mediator, etc.
 - d. Case Evaluation will be scheduled after close of discovery.
 - e. Request of extension of due dates for Witness List, discovery cut-off must be done by Petition and not Stipulation and Order

2. Case Evaluation
 - a. Revised Form MC 31: Case Evaluation Notice
 - b. All checks to be sent to Probate Court ADR clerk (**not Circuit Court**).
 - c. All checks must be payable to Case Evaluators
 - d. Case Evaluation summaries to be filed with Probate Court ADR Clerk (**not Circuit Court**).
 - e. Case Evaluations for Probate Court cases are held at the Probate Court (**not Circuit Court**).

3. Initial Filing of Minor Guardianships
 - a. Call a Court Attorney
 - b. Use the packets - on line or available from the Court
 - c. Fill out all of the forms
 - d. Full or Limited?
 - e. Acknowledgment of Paternity, Custody Order, Order of Support, Order of Filiation, Judgment of Divorce.
 - f. CPS involvement
 - g. Minor Guardianship Clearance Request - Adults and minors living with proposed guardian(s); date of birth.

STATE OF MICHIGAN PROBATE COURT MACOMB COUNTY	CASE EVALUATION NOTICE	CASE NO.
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Court address 21850 Dunham Road, Mt. Clemens, MI 48043

Court telephone no. (586) 469-5290

Plaintiff(s)/Petitioner(s) name(s), address(es), and telephone no(s).	V	Defendant(s)/Respondent(s) name(s), address(es), and telephone no(s).
<input checked="" type="checkbox"/> Probate In the matter of _____		

Attorney name, bar no., address, and telephone no.

Attorney for: Personal Service

Attorney name, bar no., address, and telephone no.

Attorney for: Personal Service

Attorney name, bar no., address, and telephone no.

Attorney for: Personal Service

Attorney name, bar no., address, and telephone no.

Attorney for: Personal Service

NOTICE OF HEARING

- This case has been ordered to case evaluation. The case evaluation hearing will be held:

on: _____
Date

at: _____
Time

at the following location:

- The case evaluators are:

Name (type or print)

Bar no.

Name (type or print)

Bar no.

Name (type or print)

Bar no.

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

IMPORTANT: See other side for an explanation of your responsibilities and warnings for failure to comply.

(continued on other side)

RESPONSIBILITIES

In accordance with MCR 2.403, you are required to do the following:

1. Within 28 days , each party must send to the ADR clerk or _____ a check in the amount of \$ _____ made payable to _____
Time Specify
2. A person entitled to a fee waiver under MCR 2.002 is entitled to a waiver of fees under this rule.
3. Unless otherwise provided in the notice of hearing, at least 14 days before the hearing each party shall serve a copy of the case evaluation summary and supporting documents in accordance with MCR 2.107 and file a proof of service and three copies of a case evaluation summary and supporting documents with the ADR clerk. The case evaluation summary shall consist of a concise summary setting forth that party's factual and legal position on issues presented by the action. Except as permitted by the court, the summary shall not exceed 20 pages double spaced, exclusive of attachments. Quotations and footnotes may be single spaced. At least one-inch margins must be used, and printing shall not be smaller than 12-point font. See MCR 2.403(l).

EACH FAILURE TO TIMELY FILE AND SERVE THE MATERIALS IDENTIFIED ABOVE AND EACH SUBSEQUENT FILING OF SUPPLEMENTAL MATERIALS WITHIN 14 DAYS OF THE HEARING SUBJECTS THE OFFENDING ATTORNEY OR PARTY TO A \$150 PENALTY to be paid as follows:

A check made payable to the persons listed in paragraph 1 above and sent to the Probate Court ADR clerk at:

**MACOMB COUNTY PROBATE COURT
21850 DUNHAM RD
MT CLEMENS MI 48043**

Date:

Charles A. Semarjian, ADR Clerk

CERTIFICATE OF MAILING

I certify that on this date I served copies of this case evaluation notice on the appropriate parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date:

Charles A. Semarjian, ADR Clerk