

_____ Approval Date
 _____ Designation
 _____ Panel Type(s)

KENT COUNTY CIRCUIT COURT CASE EVALUATOR APPLICATION

To serve as a Kent County case evaluator, you must meet the following minimum qualifications:

- A candidate must have been licensed to practice law in the State of Michigan for at least five (5) years.
- A candidate must be a member in good standing of the State Bar of Michigan.
- A candidate must reside, maintain an office, or have an active practice in Kent County.
- An applicant must demonstrate that a substantial portion of the applicant's 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.
- An applicant must demonstrate an active practice for the last 3 years in the areas of general civil or medical malpractice to qualify as a case evaluator.
- A candidate shall have made application for inclusion on a case evaluator list to the Alternative Dispute Resolution (ADR) Office on an application approved by the ADR Committee and the Kent County Circuit Court Bench.
- A candidate's application shall have been approved by the Chief Circuit Judge.
- Separate Case Evaluator Lists will be compiled and maintained in the areas of general civil litigation and medical malpractice.

Accepted applicants shall be placed on the list of case evaluators for 5 years, and must reapply at the end of that time to again become eligible to serve as a case evaluator. MCR 2.404(B)(5)

Please type or print neatly.

1. Full name (first, middle initial, last)	2. Bar no. P
3. Business address	4. Business telephone no. ()
5. Fax no. ()	6. E-mail address
7. Current employer's name	8. Number of years with employer
9. Other employment within last five years	10. Number of years with employer
11. Date admitted to State Bar	12. Years in practice

13. Is this a new application? renewal?
14. Are you currently a member in good standing of the State Bar of Michigan? Yes No
15. 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

16. Indicate the percent of your law practice for the past 5 years that has been devoted to **civil litigation matters**, including investigation, discovery, motion practice, case evaluation, settlement, trial preparation, and/or trial _____%

In what courts have you practiced: District Circuit Federal Other: _____

17. Based on your civil litigation experience, in what position on a case evaluation panel do you believe you should be designated:
 Plaintiff Evaluator Defendant Evaluator Neutral Evaluator

Briefly state the reasons that support your request: _____

18. In addition to serving as a general civil case evaluator, you may also apply for the medical malpractice sublist. To qualify for the medical malpractice sublist, you must be approved as a general civil case evaluator and demonstrate an active practice for the past three years in the area of medical malpractice. Are you applying for the medical malpractice sublist: Yes No

19. 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
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Area of law	Years practiced	Area of law	Years practiced
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Indicate the percent of your medical malpractice experience for the last 3 years.

Plaintiff	_____	%
Defendant	_____	%
Neutral	_____	%
Total	100	%

20. Have you previously served as a case evaluator, mediator or arbitrator? Case Evaluator Mediator Arbitrator

If so, identify the frequency of service: _____

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

CERTIFICATION

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. I further agree to notify The ADR Clerk promptly in writing of any material changes in the above information.

Date

Signature

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