STATE OF MICHIGAN 17TH CIRCUIT COURT

MEDIATION STATUS REPORT

CASE NO.

JUDGE: ADR OFFICE, 180 OTTAWA AVE NW, SUITE 3100, GRAND RAPIDS MI 49503 Court address 616-632-5052 Court telephone no. Plaintiff name(s), address(es) Defendant name(s), address(es) ٧ Plaintiff's attorney, bar no., address, and telephone no. Defendant's attorney, bar no., address, and telephone no. The Mediator must submit this report every 60 days until the mediation process is complete. Once mediation is completed, this report must be filed within 7 days and evaluation forms must be provided to all the parties and the attorneys who participated in the mediation. Please mark the appropriate boxes. The mediation was: Held Not Held \square 5 If held, INDICATE the number of sessions: | | 3 4 The Status Report is (check one): Interim Final filing to the ADR Clerk Domestic Violence Screening was completed on: (Domestic Relations Cases Only) The participants were: on behalf of Plaintiff on behalf of Plaintiff on behalf of Defendant on behalf of Defendant on behalf of on behalf of on behalf of on behalf of **OUTCOME OF MEDIATION: NOT HELD BECAUSE:** Parties did not settle ☐ Inappropriate to mediate Further ADR contemplated (ie, domestic violence, uncooperative party, etc) Further ADR not contemplated Unnecessary to mediate due to prior settlement Parties settled in part Further ADR contemplated Due to no response Further ADR not contemplated Other Parties settled: Agreement signed on_____ Other: Mediation to resume on Date Signature Mediator name (type or print)