



ATTORNEY CLIENT CONFERENCE  
VERIFICATION FORM  
DEFENDER PROGRAM

PEOPLE OF THE STATE OF MICHIGAN,  
Plaintiff,

CASE NO. \_\_\_\_\_

-VS-

\_\_\_\_\_  
(Defendant)

CERTIFICATION OF ATTORNEY CLIENT CONFERENCE

This will certify that \_\_\_\_\_ met with the above named  
(Attorney)

client at the Genesee County Jail or \_\_\_\_\_ on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Attorney)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Jail Personnel)

\_\_\_\_\_  
(Date)