



ATTORNEY CLIENT CONFERENCE  
VERIFICATION FORM

PEOPLE OF THE STATE OF MICHIGAN,  
Plaintiff,

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

-vs-

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

This will certify that \_\_\_\_\_:  
(Attorney)

- (1) Met with the above named client at the Genesee County Jail  
or \_\_\_\_\_ on \_\_\_\_\_.  
(Location) (Date)
- (2) Unsuccessfully tried to reach client by telephone.
- (3) Set up an appointment and the client did not appear.
- (4) Had a telephone conference with client – unable to schedule appointment.

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

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

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

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

\_\_\_\_\_  
(Jail Personnel – only if client refuses to sign)

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