Original - Court 1st copy - Plaintiff 2nd copy - Defendant

Approved, SCAO

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY PROBATE

## **MEDIATION STATUS REPORT**

CASE NO.

JUDGE:

Court address			Co	urt telephone no.
Plaintiff name(s), address(es), and telephone no(s).		Defendant name(s),	address(es), and telephone r	10(s).
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	V			
Plaintiff attorney, bar no., address, and telephone no.		Defendant attorney, I	oar no., address, and telepho	ne no.
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Droboto In the metter of				
☐ Probate In the matter of				
The mediator must submit this report within 7 days of	completing i	mediation or of de	etermining mediation is	inappropriate.
1 Modiation was completed an		□Modi	ation was determined in	nnropriato
1. Mediation was completed on Date		⊔ iviedi	allon was determined in	арргорпате.
2. The participants were:				
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	_ On Denairor			
	$_{\scriptscriptstyle -}$ on behalf of			
	on bobalf of			
	_ On Denan Or			
	$_{\scriptscriptstyle -}$ on behalf of			
	on behalf of			
	on behalf of			
	on behalf of			
	_ On bonan or			
	on behalf of			
3. This case was:				
J. This case was.				
$\square$ a. settled. Final documents will be filed with the co	ourt on or befo	re	by	
☐ b. not settled.		Dato	rano	
□ b. Hot Settled.				
c. Further alternative dispute resolution proceedings	$\square$ are	$\square$ are not	contemplated.	
Date		Signature		
	ī	Mediator name (type o	r print)	