

<b>STATE OF MICHIGAN 52<sup>nd</sup> JUDICIAL CIRCUIT HURON COUNTY</b>	<b>REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION</b>	<b>CASE NO.</b>
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Court address: 250 E. Huron Avenue, Room 211, Bad Axe, Michigan 48413

Plaintiff's name
Plaintiff's attorney, bar no., address & telephone no.

v.

Defendant's name(s)
Defendant's attorney, bar no., address & telephone no.

**I am requesting alternative dispute resolution (ADR) services in the above referenced cause of action.**

- \_\_\_\_\_ I request a joint meeting with the Friend of the Court.
- \_\_\_\_\_ I request a Facilitative Information Gathering (FIG) Conference with the Friend of the Court.
- \_\_\_\_\_ I request formal mediation with the Friend of the Court.
- \_\_\_\_\_ I request mediation with the Community Dispute Resolution Center.

***Description of issues to be addressed (attach separate sheet if needed):***

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Printed Name:

*DO NOT WRITE BELOW THIS LINE – FOR FRIEND OF THE COURT USE ONLY*

Date: \_\_\_\_\_

DV Screenings: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
FOC staff assigned: \_\_\_\_\_  
notice mailed: \_\_\_\_\_  
FOC 125 / order: \_\_\_\_\_

**NOT APPROVED:** \_\_\_\_\_  
reason: \_\_\_\_\_  
letter mailed: \_\_\_\_\_