## UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN

## Standard Track Case Evaluator Application and Certification

Name				P #	
(Last)	(First)		(M.I.)		
	ldress				
Email Address: _					
Date admitted to U.S. District Cou		District of Mi	chigan:		
	to practice in any the name of the c			n:	
(Name of Court)			(Date of Admission	n)	
(Name of Court)		(Date of Admission)			
(Name of Court)		(Date of Admission)			
Would you design	nate yourself as a	plaintiff's,	defendant's or	neutral case evaluator?	
Areas of Practice				an area, you must have served as a es of this type in the past 5 years.]	

7. Have you ever served as a case evaluator? Yes No

If yes, approximately how many disputes/cases have you evaluated:

In federal court \_\_\_\_\_

In state court

I hereby certify that I agree to the conditions for service as a case evaluator in the Western District of Michigan, as set forth in W.D. Mich. LCivR 16, including my agreement to serve pro bono no more than once per year.

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

(Signature)

Return completed form to: ADR Administrator United States District Court 399 Federal Bldg. 110 Michigan St., NW Grand Rapids, MI 49503