

**Mediation Tribunal Association  
Third Judicial Circuit Of Michigan**

Case Number : **15011111**

Your Bar #: P11114

Date Mailed : <Date>

Title : **Plaintiff v Client 1**

Attorney For : Client X

Hearing Date/Time : 10/19/2016 10:00:00 AM

Mail To:

<First Name, Last Name>

<Address>

<City, State>

**NOTICE OF General EVALUATION HEARING**

**NOTE: IF THIS CASE HAS BEEN PREVIOUSLY DISPOSED BY ORDER OF THE COURT, PLEASE SEND A COPY OF THE DISPOSITIVE ORDER IMMEDIATELY TO THE COURTROOM OF THE ASSIGNED JUDGE AND THE MEDIATION TRIBUNAL.**

Access to the courtroom proceedings is available to all individuals with disability as required by the Americans with Disabilities Act of 1990, if you are a person with a disability and are in need of accommodation, please contact the Mediation Tribunal Association immediately upon receipt of this notice at (313) 224-5606 (For deaf or hearing impaired call TDD: )

**PLEASE REVIEW THE FOLLOWING INSTRUCTIONS BELOW**

1. Report to 333 W. Fort, at the time and date indicated. All questions regarding evaluation should be directed to Mediation Tribunal Association at (313) 224-5606

2. Within 14 days forward a check in the amount of \$75.00 payable to the Mediation Tribunal Association at 333 W. Fort , ,Detroit,Michigan,48226. A copy of the Evaluation Notice shall be attached.

3. **SUBMISSION OF DOCUMENTS** -Atleast 14 days before the hearing date,each party shall file with the ADR clerk 3 copies of documents pertaining to the issues to be evaluated and 3 copies of concise summary setting forth that party's factual and legal position on issues presented by the action, and shall serve one copy of the documents and summary on each attorney of record.

A copy of the proof of service must be attached to the copies submitted to the Mediation Tribunal Association 333 W. Fort ,Suite 1500 ,Detroit, Michigan,48226.(A copy of the evaluation notice shall be attached.)

Failure to file the required materials with the ADR clerk or to server copies on each attorney of record by the required date subjects the offending attorney or party to a \$150.00 penalty payable at the time of the evaluation case hearing to the Mediation Tribunal Association

**Note:If your address has changed or the information below is not correct, please contact the Mediation Tribunal Association at (313) 224-5606**

**P08888 N/A No Attorney Required**

Defendant Client 1

**P08888 N/A No Attorney Required**

Defendant Client

**P11111 Attorney 1**

1111111111

Defendant ABC INSURANCE COMPANY

**P11111 Attorney 1**

1111111111

Defendant ABC MUTUAL INSURANCE COMPANY

**P11112 Attorney 2**

1111111112

Plaintiff <Plaintiff Name>

**P11113 Attorney 3**

1111111113

|               |                         |            |
|---------------|-------------------------|------------|
| Unknown       | Co-Counsel Attorney     |            |
| <b>P11114</b> | <b>Attorney 4</b>       | 1111111114 |
| Defendant     | Client X                |            |
| <b>P11115</b> | <b>Attorney 5</b>       | 1111111115 |
| Unknown       | XYZ Transportation, LLC |            |

