

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>MEDIATION STATUS REPORT</b>	<b>CASE NO.</b>  <b>JUDGE:</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff name(s), address(es), and telephone no(s).	<b>v</b>	Defendant name(s), address(es), and telephone no(s).
Plaintiff attorney, bar no., address, and telephone no.		Defendant attorney, bar no., address, and telephone no.

Probate In the matter of \_\_\_\_\_

**The mediator must submit this report within 7 days of completing mediation or of determining mediation is inappropriate.**

1.  Mediation was completed on \_\_\_\_\_ .  Mediation was determined inappropriate.  
Date

2. The participants were:

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

\_\_\_\_\_ on behalf of \_\_\_\_\_

3. This case was:

a. settled. Final documents will be filed with the court on or before \_\_\_\_\_ by \_\_\_\_\_ .  
Date Name

b. not settled.

c. Further alternative dispute resolution proceedings  are  are not contemplated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mediator name (type or print)