

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	MEDIATION STATUS REPORT	CASE NO. and JUDGE	
Court address	Court telephone no.		
Plaintiff's name, address, and telephone no.		Defendant's name, address, and telephone no.	
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.	
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.

2. The participants were:

on behalf of _____

on behalf of _____

3. This case was:

a. settled. Final documents will be filed with the court on or before _____ by _____.
 b. not settled.

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

Date

Signature

Mediator name (type or print)