

STATE OF MICHIGAN CIRCUIT COURT	EX PARTE PETITION FOR APPOINTMENT OF INTERIM ADMINISTRATOR	CASE NO. and JUDGE
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Court address Court telephone no.

In the matter of _____
First, middle, and last name

Petitioner's name, bar no., address and telephone no.

Affected Attorney's name, bar no., address, and telephone no.

1. _____ is ☐ temporarily ☐ permanently unable to practice law
Affected Attorney's name

because the attorney has
(Attach any supporting documents.)

- ☐ resigned.
- ☐ been disbarred or suspended.
- ☐ disappeared.
- ☐ been imprisoned.
- ☐ abandoned the practice of law.
- ☐ become temporarily or permanently disabled or incapacitated.
- ☐ been transferred to disability inactive status pursuant to MCR 9.121.
- ☐ died.

2. ☐ _____ was designated by the Affected Attorney to manage their practice as
Attorney or Law Firm name
a Designated Interim Administrator if the attorney were to become unexpectedly unable to practice law as set forth in MCR 9.301.

☐ _____ is listed in the State Bar of Michigan's list of attorneys willing to serve
Attorney name
as Interim Administrators and has been matched to serve as an Interim Administrator on behalf of the Affected Attorney.

☐ The State Bar of Michigan's staff has been identified to serve as Interim Administrator under attorney supervision on behalf of the Affected Attorney.

3. The appointment of an Interim Administrator is necessary to protect the interests of the Affected Attorney's clients or the interests of the Affected Attorney because:

4. _____ is qualified to serve as Interim Administrator under MCR 9.305 because:
Attorney name, Law Firm name, or State Bar of Michigan

5. Venue is proper in this county because the Affected Attorney lives, last lived, or maintains or last maintained an office for the practice of law in this county.

I REQUEST:

Appointment of _____ as Interim Administrator to serve on behalf of the Affected Attorney.
Attorney name, Law Firm name, or State Bar of Michigan

Date

Petitioner signature

Note: This petition must be accompanied by the verification below, or an affidavit or declaration under penalty of perjury of a person having personal knowledge of the facts.

VERIFICATION OF FACTS

I declare under the penalties of perjury that this ex parte petition for appointment of Interim Administrator has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Petitioner signature