

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>BINDING ARBITRATION AWARD</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name, address, and telephone no.	<b>v</b>	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 _____		

**For:** \_\_\_\_\_

**Against:** \_\_\_\_\_

- After hearing   
  Consent   
  Hearing transcript made and used

**Basis for Binding Arbitration**

- Statutory based on contract  
 Stipulation on court referral; MCR 2.410, MCR 5.143  
 Other (specify) \_\_\_\_\_

**NOTE:** Awards based on statutory employment claims must be supported. Complete and attach pages 2 and 3.

**ORDER OF AWARD**

Damages: \$ \_\_\_\_\_  
 Costs: \$ \_\_\_\_\_  
 Attorney fee:  statutory \$ \_\_\_\_\_  
                    other: \_\_\_\_\_  
 Total judgment amount: \$ \_\_\_\_\_

**Nature of Claim Arbitrated**

- Statutory (specify) \_\_\_\_\_  
 Employment  
 Commercial  
 Contract  
 Personal injury - Tort  
 Personal injury - Other (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

This judgment will earn interest at statutory rates, computed from the filing date of the complaint.

The judgment interest accrued thus far is \$ \_\_\_\_\_ and is based on: If additional rates apply, attach a separate sheet.  
 the statutory rate of \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_ .

the statutory 6-month rate(s) of \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_ , and \_\_\_\_\_ %  
 from \_\_\_\_\_ to \_\_\_\_\_ .

Other conditions, if any:

- Approved as to form, notice of entry waived.

Award date \_\_\_\_\_

Arbitrator \_\_\_\_\_ Bar no. \_\_\_\_\_

The award has been entered and will be final unless within 21 days after entry and delivery of the award a motion to vacate, modify, or correct the award is filed.

**CERTIFICATE OF MAILING**

I served a copy of this award on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Material Findings of Fact:** Attach additional pages if necessary.

**Material Conclusions of Law:** Attach additional pages if necessary.

**Basis for Specific Relief Granted:** Attach additional pages if necessary.

**Other Comments or Information:** Attach additional pages if necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Arbitrator

\_\_\_\_\_  
Bar no.

**Witnesses:** Attach additional pages if necessary.

Name	Address	Called by	Fact/Expert	Date
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**Exhibits:** Attach additional pages if necessary.

Offered by	Marked as	Description	Admitted: Yes/No
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Arbitrator

\_\_\_\_\_  
Bar no.