

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ORDER OF DISQUALIFICATION/REASSIGNMENT	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.	v	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 _____		

IT IS ORDERED:

I, Hon. _____, on motion of _____,
Bar no. on my own motion,

am disqualified under MCR 2.003 from hearing this case and I am requesting assignment of another judge for the following reason:

- 1. I am biased or prejudiced for or against a party or attorney.
- 2. I have, based on objective and reasonable perceptions, a serious risk of actual bias impacting the due process rights of a party as enunciated in *Caperton v Massey*, 556 US 868; 129 S Ct 2252; 173 L Ed 2d 1208 (2009).
- 3. I believe, based on objective and reasonable perceptions, my continued assignment would create an appearance of impropriety.
- 4. I have personal knowledge of disputed evidentiary facts concerning the proceeding.
- 5. I have been consulted or employed as an attorney in the matter in controversy.
- 6. I was a partner of a party, attorney for a party, or a member of a law firm representing a party within the preceding two years.
- 7. I know that I, individually or as a fiduciary, or my spouse, parent, or child wherever residing, or any other member of my family residing in my household, have more than a de minimis economic interest in the subject matter in controversy that could be substantially impacted by the proceeding.

REQUEST FOR REFERRAL TO SCAO

All of the judges of this court have disqualified themselves and have signed this order, indicating their reason for disqualification pursuant to MCR 2.003.

The designated Visiting Judge Clerk shall submit a copy of this order, **ALONG WITH THE REQUEST FOR ASSIGNMENT**, to the appropriate State Court Administrative Office to have another judge assigned to hear this case pursuant to MCR 2.003(D)(4).

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Chief Judge signature and date

INTERNAL REASSIGNMENT REQUEST

Judge _____ has been chosen by lot of local administrative order from the judges not
Bar no. _____
disqualified in this case. I request that this case be reassigned to this judge.

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Court Administrator or Clerk of the court signature and date

Reassignment approved as requested.

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Chief Judge signature and date