

## Michigan Supreme Court

State Court Administrative Office Field Services Division Michigan Hall of Justice P.O. Box 30048 Lansing, Michigan 48909 Phone (517) 373-4835

Ryan P. Gamby Field Services Director

## MEMORANDUM

DATE: November 1, 2024

FROM: SCAO Forms Team

RE: Explanation of changes to MC 516

Below is a SCAO-approved court form that was recently revised. An explanation of the changes, along with instructions on use of the previously approved version and a copy of the form with the changes highlighted, is provided.

## MC 516, Notice of Limited Scope Appearance

*Most recent update:* (11/24) version *Use of previously approved version:* (9/23) version may be used until stock is depleted.

Revisions were made to address a typographical error. These changes are highlighted in the <u>attached MC</u> <u>516</u>.

Email: CourtFormsInfo@courts.mi.gov.

STATE OF MICHIGAN	
JUDICIAL DISTRICT	
JUDICIAL CIRCUIT	
COUNTY	

## NOTICE OF LIMITED SCOPE APPEARANCE

CASE NO. and JUDGE

Court address			Court telephone no.
Plaintiff/Petitioner	v	Defendant/Respondent	
1. Attorney Name that attorney will provide limited scope repre for the following purpose(s)/activity(ies): (Ex. mediation, arbitration, discovery, deposition of par	esentation to the	e party in this matter accordin	g to paragraphs 3 and 4 below
<ul> <li>Amendment: This notice amends the notice</li> <li>by adding an appearance for the matter(s</li> <li>other:</li> </ul>	e filed on	aragraph 3.	, etc. ,
2. The party is: Plaintiff Petitioner	Defendant	t Respondent Ot	her
<ul> <li>3. Attorney appears under MCR 2.117(B)(2)(c)</li> <li>Date/time period:</li></ul>	order, etc.) or ate), etc.)	and in any	select one or more): continuance of that proceeding.
(Ex. child support, QDRO, property settlement, con	ntractual dispute, etc	c.)	
4. Consent: Party consents to this limited scop	e representatio	n.	
5. Service: Under MCR 2.107(B)(1)(e), all docur the limited scope attorney for the duration o			
6. Communication: Limited scope attorney will in should be directed to party, attorney, or both			
<ol> <li>Duration: Upon termination of representation appearance pursuant to MCR 2.117(C)(4) in</li> </ol>			
Signature of attorney	Date	Signature of party	Date
Attorney name (type or print)	Bar no.	Party name (type or print)	

 Address
 Address

 City, state, zip
 Telephone no.

 City, state, zip
 Telephone no.