

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY

NOTICE OF LIMITED SCOPE
APPEARANCE

CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff/Petitioner

Defendant/Respondent

v

1. Attorney _____, and the Party, _____, agree
Name Bar no. Name
that attorney will provide limited scope representation to the party in this matter according to paragraphs 3 and 4 below
for the following purpose(s)/activity(ies): _____
(Ex. mediation, arbitration, discovery, deposition of party(ies), trial, scheduling conference, motion for summary disposition, etc.)

Amendment: This notice amends the notice filed on _____
Date
 by adding an appearance for the matter(s) indicated in paragraph 3.
 other: _____

2. The party is: Plaintiff Petitioner Defendant Respondent Other _____

3. Attorney appears under MCR 2.117(B)(2)(c). Representation is limited as follows (must select one or more):
 Date/time period: _____
(Ex. date certain, until judgment and submission of order, etc.)
 Representation in the hearing scheduled for _____ and in any continuance of that proceeding.
(Ex. trial (date), motion for summary disposition (date), etc.)
 Subject matter(s): _____
(Ex. child support, QDRO, property settlement, contractual dispute, etc.)

4. Consent: Party consents to this limited scope representation.

5. Service: Under MCR 2.107(B)(1)(e), all documents, both court filings and otherwise, must be served on both the party and the limited scope attorney for the duration of this limited appearance, unless otherwise ordered by the court.

6. Communication: Limited scope attorney will inform all opposing parties and counsel whether oral and/or written communication should be directed to party, attorney, or both for the duration of this limited appearance, under MRPC 4.2 and 4.3.

7. Duration: Upon termination of representation indicated above, the attorney will file a notice of withdrawal from limited appearance pursuant to MCR 2.117(C)(4) in this court, and serve a copy upon the party and opposing counsel/party.

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. _____