

REQUEST FOR LEGAL REPRESENTATION BY THE ATTORNEY GENERAL

PRIVILEGED ATTORNEY – CLIENT COMMUNICATION

To request representation by the Attorney General, you are required to complete the following and return this form along with a letter requesting representation to both your regional administrator and to:

State Court Administrator
State Court Administrative Office Michigan Hall of Justice
P.O. Box 30048
Lansing, MI 48909
Telephone: (517) 373-0128 Fax: (517) 373-9831

CASE INFORMATION

Plaintiff(s):

Defendant(s):

Court:

Case No.:

Name defendant requesting representation (provide separate form for each defendant):

Full name:

Home address:

Work address:

Telephone: Home Work

Have you prepared any reports of this incident(s)?

☐ YES

☐ NO

If yes, please forward them with this document.

Are there any other lawsuits filed in connection with this incident(s)?

☐ YES

☐ NO

If yes, please list:

Are there any administrative complaints filed in connection with this incident(s)?

☐ YES

☐ NO

If yes, please list:

MANNER OF SERVICE

Were the summons and complaint delivered personally on defendant?

☐ YES

☐ NO

If yes, on what date and time:

Name of process server, if available:

If someone other than the named defendant accepted personal service, please provide:

Name and title of person accepting service:

Date and time of service on the above person:

Were the complaint and summons received by mail?

☐ YES

☐ NO

If yes, on what date:

Who accepted service:

Type of mail: ☐ Registered ☐ Certified ☐ First-Class

Is the complaint attached to this form?

☐ YES

☐ NO

Is the summons attached to this form?

☐ YES

☐ NO

LIABILITY INSURANCE INFORMATION

If the defendant is a judge, is there an applicable judicial liability insurance policy? ☐ YES ☐ NO

Is there liability insurance coverage available to the court or the funding unit? ☐ YES ☐ NO

If yes to either of the above two questions, please provide:

Name of the insurance company:

Agent's name:

Address:

Phone number:

Policy number:

FUNDING UNIT INFORMATION

Is the funding unit representing any co-defendants? ☐ YES ☐ NO

If yes, provide counsel information.

Name:

Address:

Phone number:

Has the funding unit been notified of this lawsuit? ☐ YES ☐ NO

What is the date the funding unit was notified of this lawsuit?

Have you notified the funding unit of their potential liability? ☐ YES ☐ NO

Provide a contact for the funding unit.

Name:

Address:

Phone number:

AUTHORIZED SIGNATURE

Request for assistance must be made through the chief judge.

Name of chief judge:

Court:

Address:

Phone number:

Signature of Chief Judge

Date