Approved, SCAO				
STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ORDER OF DISQUALIFICATION/REASSIGNMENT		CASE NO.	
Court address				Court telephone no.
Plaintiff name(s) and address(es)		v	Defendant name(s) ar	nd address(es)
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		Bar no,	on motion of	on,
am disqualified under MCR 2.003 from h	earing this case a			
\Box 1. I am biased or prejudiced for or a	gainst a party or a	attorney.		
\Box 2. I have, based on objective and reaperty as enunciated in <i>Caperton</i> v				
 3. I believe, based on objective and impropriety. 	reasonable perce	eptions, my o	continued assignme	nt would create an appearance of
4. I have personal knowledge of disp	outed evidentiary	facts concer	ming the proceeding	l.
5. I have been consulted or employe	d as an attorney	in the matte	r in controversy.	
6. I was a partner of a party, attorney years.	/ for a party, or a	member of a	a law firm represent	ing a party within the preceding two
7. I know that I, individually or as a fi family residing in my household, h could be substantially impacted by	ave more than a	de minimis		residing, or any other member of my the subject matter in controversy that
	rector, or trustee s interest that cou	of a party; (ii) is acting as a lawy	e spouse of such a person: (i) is a party ver in the proceeding; (iii) is known by e proceeding; or (iv) is to my knowledge
9. Other: (specify)				

Date

ADDITIONAL DISQUALIFICATIONS

NOTE: If there are not enough signature slots, attach additional sheets.

The undersigned judge(s) is/are also disqualified and refer by number to the reason printed on the front of this form. **NOTE: IF REASON 9 IS ENTERED, THE COMMENT SECTION <u>MUST</u> BE COMPLETED.**

REASON 1-9	DATE	SIGNATURE	COMMENT

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).

Date	Chief Judge	Bar no.				
	INTERNAL REASSIGNMENT REQUEST					
Judge	has been chosen by lot or local administrative order from the judges not Bar no.					
disqualified in this case. I request that this case be reassigned to this judge.						
Date	Court Administrator or Cle	rk of the Court				
Reassignment approved as requested.						

Date