

STATE OF MICHIGAN 7-B JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	MEDIATION STATUS REPORT	CASE NO. JUDGE: Hon. Arthur H. Clarke III
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COURT ADDRESS: 1007 E. Wells ST, PO Box 311, South Haven, Mi 49090 **COURT TELEPHONE:** (269) 637-5258

Plaintiff name(s), address(es), and telephone no(s).	v	Defendant name(s), address(es), and telephone no(s).
Plaintiff attorney, bar no., address, and telephone no.		Defendant attorney, bar no., address, and telephone no.
_____ Probate In the matter of:		

The mediator must submit this report within 7 days of completing mediation or of determining mediation is inappropriate.

1. Mediation was completed on _____ Date. Mediation was determined inappropriate.

The participants were:

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

Outcome:

a. settled. Final documents will be filed with the court on or before _____ Date.

b. not settled because:

- The parties/attorneys could not agree on a settlement.
- The person/persons attending the mediation on behalf of the **Plaintiff** and/or **Defendant** did not have full authority to settle the case.
- Other: _____

c. Further alternative dispute resolution proceedings are are not contemplated.

2. Mediation was **NOT** completed because:

a. Settled PRIOR to mediation (mediator notified by parties) / Order or Dismissal entered PRIOR to Mediation.

b. **Plaintiff** **Defendant** **Both** failed to appear as scheduled.

DATE

SIGNATURE

MEDIATOR NAME