

STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT	NOTICE OF MEDIATION	CASE NO.
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Court address **ADR OFFICE, 180 OTTAWA AVE NW, SUITE 3100, GRAND RAPIDS MI 49503** Court telephone no. **616-632-5052**

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.

NOTICE OF MEDIATION

NOTICE IS HEREBY GIVEN that mediation in the above matter will take place

ON:

LOCATION:

If an attorney or a party has a conflict with the scheduled date or time of the mediation, contact the mediator immediately.

OR

The undersigned mediator has determined that it would not be appropriate for them to serve as the mediator in this case.

Proof of Service

The undersigned hereby certifies that a copy of this Notice was served upon all parties on the date shown below.

Dated: _____

Address: _____

This Notice must be filed with the Court within 7 days of the mediator's appointment.