STATE OF MICHIGAN 17TH CIRCUIT COURT	MEDIATION STATUS REPORT	CASE NO. JUDGE:

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)	V	Defendant name(s), address(es)
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

The Mediator must submit this report every 60 days until the mediation process is complete. Once mediation is completed, this report must be filed within 7 days and evaluation forms must be provided to all the parties and the attorneys who participated in the mediation.

Please mark the appropriate boxes. The mediation was: ☐ **Held** ☐ **Not Held**

If held, INDICATE the number of sessions: ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5**

The Status Report is (check one): ☐ **Interim** ☐ **Final filing to the ADR Clerk**

Domestic Violence Screening was completed on: _____
(Domestic Relations Cases Only)

The participants were:

_____ on behalf of Plaintiff

_____ on behalf of Plaintiff

_____ on behalf of Defendant

_____ on behalf of Defendant

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

_____ on behalf of _____

OUTCOME OF MEDIATION:

☐ Parties did not settle
- ☐ Further ADR contemplated
- ☐ Further ADR not contemplated

☐ Parties settled in part
- ☐ Further ADR contemplated
- ☐ Further ADR not contemplated

☐ Parties settled: Agreement signed on_____.

☐ Other: Mediation to resume on _____.

NOT HELD BECAUSE:

☐ Inappropriate to mediate
(ie, domestic violence, uncooperative party, etc)

☐ Unnecessary to mediate due to prior settlement

☐ Due to no response

☐ Other

_____
Date

_____
Signature

_____
Mediator name (type or print)