WAYNE COUNTY CIRCUIT COURT FAMILY DIVISION – DOMESTIC

	ATTORNEY PROFILE SHEET		
1	Please Print or Type Name:		
	Last First Middle		
	Address:		
	City State Zip Code		
2.	Telephone Number () Fax Number ()		
	Cellular Phone Number () Pager Number ()		
	E-mail Address (Required)		
3.	Tax ID Number		
4.	Are you a member in good standing with the State Bar of Michigan Yes [] No []		
5.	Michigan Bar Number P Year Admitted to the Bar		
6.	a. Name of Liability/Malpractice Insurance Carrier (You must attach "Declaration of Policy") b. Policy Number Amt Renewal Date		
7.	Have you ever been disciplined by the Attorney Grievance Commission? Yes [] No [] (If yes, please enclose an explanation)		
8.	Have you ever been held in contempt of court? Yes [] No [] (If yes, please enclose an explanation)		
9.	a. Are you fluent in a second language? Yes [] No [] (If yes, specify) b. Are you certified in American Sign Language? Yes [] No []		
10.	Are you Criminal Advocacy Program (CAP) Certified? Yes [] No [] (If yes, what year)?		
11.	Are you interested in appeal assignments? Yes [] No [] (If yes, you must attach a writing sample)		
	of assignment sought in Wayne County Circuit Court Family Division-Domestic k all that apply)		
12.	[]House Counsel PPO []FOC Contempt []Paternity []Military []Paternity Disestablishment []Other		

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WAYNE COUNTY CIRCUIT COURT FAMILY DIVISION - DOMESTIC

		ATTORNEY PROFILE SHEET	
13.	Describe prior Dom	nestic experience relevant to assignments yo	Please Print or Type
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14.		ninal experience relevant to the assignments	
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Signatur			

Return Completed Form and Supporting Documentation to: Third Circuit Court, Case Processing Department, Rm. 770 CAYMC, Two Woodward Ave. Detroit, MI 48226

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(Rev.8/26/13)