

**STATE OF MICHIGAN  
JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY PROBATE**

**MEDIATION STATUS REPORT**

**CASE NO.**

**JUDGE:**

Court address

Court telephone no.

Plaintiff name(s), address(es), and telephone no(s).

Defendant name(s), address(es), and telephone no(s).

**v**

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 \_\_\_\_\_ .  Mediation was determined inappropriate.  
Date

2. The participants were:

\_\_\_\_\_ on behalf of \_\_\_\_\_  
\_\_\_\_\_ on behalf of \_\_\_\_\_

3. This case was:

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

b. not settled.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mediator name (type or print)