Case Request Form

Name: ________________________________________________________________
Office Phone: ___________________ Cell: ____________________________
E-mail: ____________________________________________________________

State-Wide Significance
The LDF provides support and assistance to municipalities in court cases where the issues have a broad impact on both the municipality involved in the case and on other municipalities in the state.

Please provide information on how providing assistance will have a substantial benefit for a significant number of Michigan local governments. ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

In which court is this case presently? ____________________________________________

Presentation before the LDF Board Via Conference Call
Please be prepared to present information to the Board not to exceed ten (10) minutes. Although with questions, the discussion can last up to 30 – 40 minutes. Chris Johnson, Fund Administrator, will phone you to add you to the call when the Board gets to your item on the agenda.

Please provide the phone number ________________________ to add you to the call. If the number you provide changes, please contact Chris Johnson (cjohnson@mml.org; 734/669-6305) or Tawny Pearson (tpearson@mml.org; 734/669-6301).

Application for Assistance
Please complete the attached Application for Assistance.

NOTE: In the event the LDF Board defers or declines participation, please keep us posted if the status of the case changes, for instance, if it goes to the Court of Appeals or Supreme Court. The LDF Board may again consider whether or not to participate.
MICHIGAN MUNICIPAL LEAGUE LEGAL DEFENSE FUND
1675 Green Road
Ann Arbor, MI 48105-2530
Phone: 734/662-3246

Application for Assistance

1. Municipality ________________________________________________________________
   a. Name of Applicant _________________________________________________________
   b. Address __________________________________________________________________
   c. Phone ( ) ______ Fax ( ) ______ E-mail ____________

2. Is applicant a member of the Fund? ____ Yes ____ No

3. Population of municipal applicant _____________________________________________

4. Annual budget of applicant $ _______________________________________________________________________

5. Facts of case: Please provide a short concise summary of the case facts and court
   proceedings. _____________________________________________________________________________________
_______________________________________________________________________________________________

6. Stage of proceedings: Where is the court case at the present time (for example, motion
   for rehearing pending?) _________________________________________________________________
_____________________________________________________________________________________________

7. Time consideration: What are the time limits involved? __________________________
_____________________________________________________________________________________________

8. Important legal issue presented ________________________________________________
_____________________________________________________________________________________________

9. Why is this issue of statewide importance? ______________________________________
_____________________________________________________________________________________________

10. What assistance is requested from the Fund? _______________________________________

11. Do you have a recommendation of a firm or individual attorney expert in the area
    involved?
    ____ Yes ____ No
    If so, name and address ________________________________________________________________
__________________________________________________________________________________________

Applicant __________________________ Date __________________________

Michigan Municipal League
Phone: (734) 662.3246
Fax: (734) 662.8083
www.mml.org