

MI-LAPP Malpractice Coverage Intake Form for ATJ Campaign programs/other programs or clinics

Date of client intake

Referring agency

Contact person

Phone number

E-mail

Attorney name

P#

Attorney address

Attorney phone number

Attorney e-mail

Summary of Case/Event

(Your request will be decided within seven days unless you indicate that an emergency exists)

▶ Your request for coverage must be made prior to beginning work on the case.

Return completed form by mail, e-mail or fax to the appropriate contacts provided below.

▶ **MI-LAPP**
c/o State Bar of Michigan
Michael Franck Building
Attention: Rob Mathis
306 Townsend Street
Lansing, MI 48933-2012

▶ **E-mail: rmathis@mail.michbar.org**

▶ **Fax: 517-316-7204**

Client name/event

Client address

Client phone number

Opposing party name (if applicable)

Opposing party address