
MICHIGAN TOWNSHIPS ASSOCIATION- LEGAL DEFENSE FUND

512 Westshire Dr., P.O. Box 80078

Lansing, MI 48908-0078

517/321-6467 Fax: 517/321-8908

APPLICATION FOR ASSISTANCE

Date: _____

1. Township: _____ County: _____
Other: (City, Village, County, private party, state association or state department) _____

2. Name of Applicant: _____ Title: _____
Address: _____

Telephone: _____ Fax: _____

3. a. Does the township board (city council or county board) concur with this request?
Yes No

b. Has a resolution been adopted authorizing this litigation?
Yes No **If Yes, please attach a copy of the resolution.**

4. Has applicant contributed to the Legal Defense Fund within the prior two years?
Yes No

5. Population: _____ SEV: _____

6. a. Primary attorney in charge of litigation. (Name, address and telephone number)

- b. Other specialized legal counsel involved. (Name, address and telephone number)

- c. Expert witnesses involved on behalf of applicant. (Name, address and telephone number)

- d. Who is opposing counsel? (Name, address and telephone number)

7. Do you have a recommendation from your legal counsel?
Yes No
If yes, what is it? _____

8. a. Approximate annual general fund expenditures: _____
b. Prior year-end general fund balance: _____
9. a. How much is litigation expected to cost? _____
b. How much has been expended to date? _____
10. Please provide a concise summary of the facts of the case: _____

11. What are the legal issues involved? _____

12. Do the legal issues have a statewide importance or precedent-setting potential?
Yes No
13. Where are these proceedings? What level of court is involved and what filings have been made?

14. What court-imposed time constraints exist prior to the next required action? _____

15. What type of assistance is requested? _____

16. In your best estimation, what are the chances that a settlement will be reached without reaching the merits of the case? _____

17. Do you anticipate proceeding to a higher court?
Yes No