

# Michigan Partners in Crisis

## Judicial Membership Form

Name of Jurist \_\_\_\_\_

Address:

Court \_\_\_\_\_

Street/Bldg \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Administrative support/clerk contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Office phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Date \_\_\_\_\_