

**MICHIGAN MUNICIPAL LEAGUE LEGAL DEFENSE FUND**

1675 Green Road, P.O. Box 1487

Ann Arbor, MI 48106-1487

Phone: 734/662-3246

**Application For Assistance**

- 1. Municipality \_\_\_\_\_
  - a. Name of Applicant \_\_\_\_\_
  - b. Address \_\_\_\_\_  
\_\_\_\_\_
  - c. Phone (\_\_\_\_) \_\_\_\_\_ d. Fax (\_\_\_\_) \_\_\_\_\_ e. 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**