

**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**