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**UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA**

In re	}	Bk. No.
	}	
	}	[Chapter]
Debtor(s).	}	
<hr style="border: 0.5px solid black;"/>		
	}	Adv. No.
	}	
Plaintiff(s)/Movant(s),	}	MEDIATOR'S <u>CONFIDENTIAL</u> REPORT OF MEDIATION CONFERENCE
v.	}	
	}	<u>CONFIDENTIAL -- NOT TO BE FILED WITH THE COURT</u>
Defendant(s)/Respondent(s).	}	
<hr style="border: 0.5px solid black;"/>		

I hereby certify that the following information is true and correct to the best of my information and belief:

1. How did you learn of your mediation assignment? (PLEASE CHECK ALL THAT APPLY)
 - (a) Received Court order _____; (b) Phone call _____;
 - (c) Fax from Mediation Program staff _____;
 - (d) Other _____.
2. In what capacity did you serve?
 - (a) Mediator _____; (b) Alternate Mediator _____;
 - (c) Successor Mediator _____; (d) Successor Alternate Mediator _____.

- 1 3. How did the mediation assignment conclude?
 2 (a) Settled _____; (b) Did NOT settle _____.
- 3 4. How many hours did you spend scheduling and preparing for the mediation
 4 conference? _____
- 5 5. How many hours did you spend attending the conference? _____
- 6 6. Which dispute resolution procedure(s) did you use? (IF MORE THAN ONE
 7 METHOD USED, PLEASE ESTIMATE PERCENTAGE OF TIME SPENT ON EACH)
- 8 (a) Early neutral evaluation: _____ (____%)
 9 (b) Settlement negotiation: _____ (____%)
 10 (c) Mediation: _____ (____%)
 11 (d) Other: _____ (____%)
- 12 (Describe): _____
 13 _____
- 14 7. Were you compensated for your mediation services? _____
- 15 8. Have you filed Form 706 (Mediator's Certificate Regarding Completion of
 16 Mediation Conference) with the Court, and mailed courtesy copies to the judge assigned
 17 to the matter and to Judge Russell (the Mediation Program Administrator)? _____
- 18 9. Comments/suggestions: _____
 19 _____
 20 _____
 21 _____
 22 _____
- 23 DATED: _____ (Name of Mediator)
 24 _____
 25 _____ (Signature of Mediator)
 26 _____

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MEDIATION CONFERENCE ATTENDANCE FORM

Case Name: _____

Case No.: _____

Adversary Proceeding Name: _____

Adversary Proceeding No.: _____

Date(s) of Conference(s): _____

Mediator: _____

Instructions: All attorneys and client representatives who attend the conference shall provide the following information to the Mediator. **PLEASE WRITE OR PRINT CLEARLY.**

ATTORNEYS

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Attorney for: _____

Attorney for: _____

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Attorney for: _____

Attorney for: _____

[Attach additional page(s) if necessary.]

CLIENT AND/OR CLIENT REPRESENTATIVES

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Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Party Representing: _____

Party Representing: _____

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Party Representing: _____

Party Representing: _____

[Attach additional page(s) if necessary.]

Mail to: Hon. Barry Russell
Mediation Program Administrator
United States Bankruptcy Court
255 East Temple Street, Suite 1660
Los Angeles, California 90012
Mediation_Program@cacb.uscourts.gov