

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**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 <b><u>CONFIDENTIAL</u></b> REPORT OF MEDIATION CONFERENCE
v.	}	
	}	<b><u>CONFIDENTIAL -- NOT TO BE FILED WITH THE COURT</u></b>
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 \_\_\_\_\_

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

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**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

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