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5	UNITED STATES BANKRUPTCY COURT					
6	FOR THE CENTRAL DISTRICT OF CALIFORNIA					
7						
8						
9	In re) Bk. No.				
10		Chapter]				
11						
12	Debtor(s).					
13))) Adv. No.				
14						
15	Plaintiff(s)/Movant(s),	NOTICE OF REQUEST AND REQUEST FOR APPOINTMENT				
16	V	OF SUCCESSOR MEDIATOR AND/OR SUCCESSOR				
17		ALTERNATE MEDIATOR TO MEDIATION				
18) PROGRAM)				
19	Defendant(s)/Respondent(s).					
20						
21	This(adversary proceeding/name of dispute in main case)					
22	2 was previously assigned to the Bankruptcy Mediation Program of this district and the					
23	following individuals were appointed as Mediato	r and Alternate Mediator:				
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25	///					
26	111					
	Form 704	Revised 11/09				

1	Mediator:	Alternate Mediator:		
2				
3	Name	Name		
4	Firm Name	Firm Name		
5				
6	Address	Address		
7	City, State, Zip Code	City, State, Zip Code		
8				
9	Telephone	Telephone		
10	The parties request appointment of the following individuals as			
11	Successor Mediator and/or Successor Alternate Mediator, due to (please check			
12	each that applies):			
13	(a) the unavailability o	of the Mediator and/or Alternate		
14	Mediator to serve in this Matter, or			
15	(b) a conflict of interes	st of the Mediator and/or Alternate		
16	Mediator.			
17				
18	Successor Mediator:	Successor Alternate Mediator:		
19				
20	Name	Name		
21		——————————————————————————————————————		
22	Firm Name	Firm Name		
23	Address	Address		
24	City, State, Zip Code	City, State, Zip Code		
25		Oity, State, Zip Oude		
26	Telephone	Telephone		

1	2. The parties are unable to agree upon a Successor Mediator and/or			
2	Successor Alternate Mediator, and hereby request that the Court appoint same.			
3				
4	The attorneys for the parties are:			
5	A 44 a 20 a 20 a 4 a 20 a 20 a 20 a 20 a	A 44		
6	Attorney for:	Attorney for:		
7	Name	Name		
8		Name		
9	Firm Name	Firm Name		
0	Address	Address		
11	, tadiooo	Addiooo		
2	City, State, Zip Code	City, State, Zip Code		
13	Telephone	Telephone		
14				
15	[Attach additional page(s) if necessary.]			
16	D. T. T.			
17	DATED:	(Name of Party)		
8 9	DATED:	(Name of Party's Counsel)		
20	DATED:	(Name of Faity 5 Counsel)		
21	DATED.	(Name of Party)		
22	DATED:	(Name of Party's Counsel)		
23		(. tamb of t arry o dodnoon)		

The undersigned represents that this notice has been mailed to the Mediator and/or Alternate Mediator (as applicable), to all parties to the Matter, to their counsel, if any, and to the Mediation Program Administrator, and that a courtesy copy has

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1	been provided to the Judge, as required by the applicable provisions of Third				
2	Amended General Order No. 95-01.				
3					
4	DATE	ED:	(Name of Party or Counsel)		
5			(Name of Farty of Counsel)		
6			(Signature of Party/Counsel)		
7					
8					
9					
10	cc:	Hon. Barry Russell Mediation Program Administrator			
11		Mediation Program Administrator United States Bankruptcy Court 255 East Temple Street, Suite 1660			
12		Los Angeles, California 90012			
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Form 704 4 Revised 11/09