



SPECIAL MEDIATION REFERRAL

Civil Branch

Date:

Case#:

Caption: | |

Judge:

Plaintiff/Plaintiff Attorney:

(name)

(address, phone)

Defendant/Defendant's Attorney:

(name)

(address, phone)

Additional parties/counsel:

(name)

(address, phone)

Type of case: 1 |

Mediator expertise needed:

Mediation should be held:

no later than

between the following dates:

Special instructions:

Please forward this form to:

Karen Leichtnam, Civil ADR Branch Chief
Multi-Door Division
JM Annex