



UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

350 WEST FIRST STREET, SUITE 4311

LOS ANGELES, CALIFORNIA 90012

TEL: 213-894-2993

ADR_Coordinator@cacd.uscourts.gov

ADR PROGRAM

**REQUEST BY PANEL MEDIATOR TO
INCUR COSTS IN EXCESS OF \$50.00**

Panel Member *(Include address, phone and fax numbers, and social security or tax identification number):*

Case Title:

Case Number:

Total Costs Requested *(Set forth the nature of the contemplated expenditures, the reason for the expenditures, the anticipated total amount and such other information as may be relevant for a determination that there is good cause for the expense to be incurred. If you are planning to request reimbursement for mileage, provide addresses and anticipated round-trip mileage.¹):*

Name of Panel Mediator (Print)

Signature of Panel Mediator

Date

Good cause having been found, authorization is granted to the Panel Mediator to incur the costs described above.

Amount Approved: \$ _____

ADR Program Director

Date

¹ If extra space is needed, attach additional sheets of paper.