



UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

TEL: 213-894-2993

ADR_Coordinator@cacd.uscourts.gov

ADR PROGRAM

REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES INCURRED BY PANEL MEDIATOR

Instructions: (1) Complete a separate form for each case. (2) Do not submit unless you have already filed your Mediation Report (ADR-03). (3) If requesting reimbursement for mileage, provide the addresses driven to and from and round-trip mileage. (4) Attach copies of receipts. (5) You may not claim more than \$50 per case unless you attach a *Request by Panel Mediator to Incur Costs in Excess of \$50.00* (ADR-23) that was approved before you incurred the claimed expenses. (6) Return completed form and supporting documents by email to ADR_Coordinator@cacd.uscourts.gov.

Payee Name: _____	Case Name: _____
Payee Address: _____	Case Number: _____
_____	Mediation Date: _____
Payee Phone: _____	Date ADR-03 Filed: _____
Payee Email: _____	
Payee SSN or TPN: _____	

Reimbursement requested for : Mileage: from (address): _____
to (address): _____
total miles R/T: _____ X rate per mile: _____ = Total: _____
Current rates available at www.cacd.uscourts.gov/attorneys/mileage-rates.

Parking: Amount: _____

Other (describe): Amount: _____

Total Amount Requested: _____

Name of Panel Mediator (Print)

Date

Signature of Panel Mediator

APPROVED FOR PAYMENT with funds from the Central District's Attorney Admissions Fund as provided for in the *United States District Court Central District of California Policy for Reimbursement of Out-of-Pocket Expenses Incurred by Panel Mediators*.

Amount Approved: _____

Date

Managing Attorney