

**UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT****CONFIDENTIAL JOINT REQUEST TO ENTER
APPELLATE MEDIATION PROGRAM****Case Number:** _____**Short Case Caption:** _____

We would like the above case considered for entry into the Appellate Mediation Program (counsel for all parties must sign).

Signature of Counsel for: ☐ Appellant/Petitioner ☐ Cross-Appellant
☐ Appellee/Respondent ☐ Intervenor

Name of Party Represented: _____

Law Firm: _____

Address: _____

Phone Number: _____ Email Address: _____

Date: _____ Signature: _____

Name: _____

Signature of Counsel for: ☐ Appellant/Petitioner ☐ Cross-Appellant
☐ Appellee/Respondent ☐ Intervenor

Name of Party Represented: _____

Law Firm: _____

Address: _____

Phone Number: _____ Email Address: _____

Date: _____ Signature: _____

Name: _____

This Joint Mediation Request must be submitted to the Circuit Mediation Administrator. Please send the completed form to

Circuit Mediation Administrator
U.S. Court of Appeals for the Federal Circuit
717 Madison Place, NW
Washington, DC 20439