



UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

312 NORTH SPRING STREET

LOS ANGELES, CALIFORNIA 90012

TEL: 213-894-1215

FAX: 213-894-5084

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

Panel Member: *(Include address, phone and fax numbers)*

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.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.