



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

Name of Payee: *(Include address, phone and fax numbers and social security or tax identification number)*

Case Title:

Case Number:

Date of Mediation: *(If no mediation held, insert filing date of Mediation Report (Form ADR-03))*

Total Requested for Reimbursement: *(Set forth the nature, reason and amount of each expenditure supported by actual receipts or copies thereof. If applicable, include the signed Request By Panel Mediator to Incur Costs in Excess of \$50.00 form(s).¹)*

Name of Panel Mediator (Print)

Signature of Panel Mediator

Date

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: \$_____

ADR Program Director

Date

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