

CONFIDENTIAL MEDIATION CONTACT INFORMATION

FOR MEDIATION OFFICE REVIEW ONLY

Submit this form directly to the Mediation Office.

Return by e-mail to CA10_CMO@ca10.uscourts.gov or fax (303-844-6437)
to the attention of Denise McClure, Conference Administrator.

Conference Date: _____

Case No(s): _____ **Case Name:** _____

1. Please identify your client(s) and provide contact information for each attorney who will participate in the mediation conference. If more than one attorney is involved, the attorney with the most direct relationship with the client is required to participate in the conference and should be listed as Lead Mediation Counsel below.

Client Names(s): Appellant Appellee Other Details: _____

Lead Mediation Counsel:

Name: _____
Firm Name: _____
Address: _____
City/State/Zip: _____
Telephone*: _____
E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____
Firm Name: _____
Address: _____
City/State/Zip: _____
Telephone*: _____
E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____
Firm Name: _____
Address: _____
City/State/Zip: _____
Telephone*: _____
E-mail: _____

2. Please complete the below information only if your client or client representative (**identify title**) will participate in the mediation conference. If your client or client representative is participating from a different telephone number than lead counsel, please list the telephone number.

Name: _____
Telephone*: _____

*The mediator will call all mediation participants. Please provide the best **direct number** (identify the direct number as office, mobile or home) at which each participant can be reached.