

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 Name(s):

Appellant ☐

Appellee ☐

Other ☐

Details: _____

***Please provide the best direct number (identify the direct number as office or cell) and an e-mail address at which each participant can be reached.**

Lead Mediation Counsel:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Direct Number*: _____

Office: _____

Cell: _____

E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Direct Number*: _____

Office: _____

Cell: _____

E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Direct Number*: _____

Office: _____

Cell: _____

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: _____

Direct Number*: _____

Office: _____

Cell: _____

Email: _____

***Please provide the best direct number (identify the direct number as office or cell) and an e-mail address at which each participant can be reached.**