

UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT

CONFIDENTIAL JOINT REQUEST TO ENTER
APPELLATE MEDIATION PROGRAM

_____ v. _____

No. _____

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

Signature of Counsel for:

Signature of Counsel for:

- Appellant/Petitioner
- Appellee/Respondent

- Cross-Appellant
- Intervenor

- Appellant/Petitioner
- Appellee/Respondent

- Cross-Appellant
- Intervenor

Name of Party represented: _____

Name of Party represented _____

Law Firm _____

Law Firm _____

Address _____

Address _____

City/State/ZIP _____

City/State/ZIP _____

Telephone Number _____

Telephone Number _____

FAX Number _____

FAX Number _____

E-mail Address _____

E-Mail Address _____

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

Wendy Dean, Circuit Mediation Officer
United States Court of Appeals for the Federal Circuit
717 Madison Place, NW
Washington, DC 20439