

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WASHINGTON**

In Re: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Debtor ) Bankruptcy No. \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Plaintiff )  
 vs. ) Adversary No. \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Defendant )  
 \_\_\_\_\_ )

**STIPULATION APPOINTING MEDIATOR AND ASSIGNMENT TO  
THE HONORABLE THOMAS T. GLOVER MEDIATION PROGRAM**

IT IS HEREBY STIPULATED by and between all parties to the \_\_\_\_\_  
 \_\_\_\_\_ entitled herein, that pursuant to Local Bankruptcy Rule 9044-  
 1, this matter be referred to the Honorable Thomas T. Glover Mediation Program. The parties  
 have conferred and have agreed that the following individuals are mutually acceptable for  
 appointment as Mediator and Alternate Mediator in this matter:

**Mediator:**

**Alternate (if applicable):**

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone	Telephone

**The matter concerns (select one or more):**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Breach of Contract                 | <input type="checkbox"/> Violation of Stay                 | <input type="checkbox"/> Real Estate Issues                  | <input type="checkbox"/> Objection to Plan Confirmation |
| <input type="checkbox"/> Dischargeability                   | <input type="checkbox"/> Employment of Trustee or Examiner | <input type="checkbox"/> Employment of Professionals         | <input type="checkbox"/> Validity of Lien               |
| <input type="checkbox"/> Multiple Litigations               | <input type="checkbox"/> Classification of Claims          | <input type="checkbox"/> Compensation of Trustee or Examiner | <input type="checkbox"/> Compensation of Professionals  |
| <input type="checkbox"/> Preference / Fraudulent Conveyance | <input type="checkbox"/> Injunctive or Declaratory Relief  | <input type="checkbox"/> Construction Issues                 | <input type="checkbox"/> Family Law                     |
|   | <input type="checkbox"/> Objection to Claim                | <input type="checkbox"/> Lien Avoidance                      | Other: _____  |

**The attorneys for the parties are:**

**Attorney for:**

\_\_\_\_\_

**Attorney for:**

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

**The following party/parties request(s) that it be permitted to participate in the mediation on a pro bono basis.**

\_\_\_\_\_

**NOTWITHSTANDING ANY STATUTORY OR CONTRACTUAL RIGHTS OR OBLIGATIONS, EACH OF THE PARTIES AGREES TO BEAR ITS OWN SHARE OF THE MEDIATION FEES AND COSTS, IF ANY.**