

## REPORT OF MEDIATION CONFERENCE

**\*\*This form is to be completed by the Mediator at the conclusion of each Mediation Conference and submitted to the Program Administrator, Gina Zadra Walton, as an electronic pdf file sent to [Gina\\_Zadra\\_Walton@wawb.uscourts.gov](mailto:Gina_Zadra_Walton@wawb.uscourts.gov) or mailed to United States Courthouse, 700 Stewart St, Room 6310, Seattle, WA 98101.**

Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Adversary Proceeding Name: \_\_\_\_\_  
Adversary Proceeding Number: \_\_\_\_\_  
Date of Session: \_\_\_\_\_  
Mediator: \_\_\_\_\_

1. In accordance with Local Bankruptcy Rule 9049-1(b) & (c), I hereby certify that pursuant to an order of assignment by this Court to the Honorable Thomas T. Glover Mediation Program dated \_\_\_\_\_, a Mediation Conference was \_\_\_\_\_ was not \_\_\_\_\_ held.  
Date: \_\_\_\_\_  
Continued Date: \_\_\_\_\_
2. The Local Bankruptcy Rules governing the conference were \_\_\_\_\_ were not \_\_\_\_\_ complied with.  
If not, how? \_\_\_\_\_  
\_\_\_\_\_
3. A settlement of this matter was \_\_\_\_\_ was not \_\_\_\_\_ reached.
4. If a settlement/resolution was reached, \_\_\_\_\_ [Plaintiff, Defendant, Other] prepared the written stipulation for settlement.
5. Prior to the preparation of a final written agreement, the parties choose to put the agreement on the court record. Yes \_\_\_\_\_; No \_\_\_\_\_
6. If you answered yes to No. 5 above, did you encounter any scheduling, logistic or other challenges with the court in getting the opportunity to put the agreement on the record.
7. I spent \_\_\_\_\_ hours in preparing for and scheduling the conference(s).
8. I spent \_\_\_\_\_ hours in attending the conference(s).
9. My total charge for the mediation was \$ \_\_\_\_\_, <sup>1</sup> paid as follows: \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Describe how much was paid by each participant in the Mediation.

10. Did you encounter any difficulties finding a location and facilities to conduct the Mediation Conference?
  
11. We would appreciate any comments and feedback you can give us regarding your experience with this mediation that might assist us in improving the program going forward:

DATED: \_\_\_\_\_, 20\_\_.

MEDIATOR:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Address:

Email address:

Phone Number:

**EXHIBIT A TO  
CERTIFICATE / REPORT OF MEDIATION CONFERENCE**

**MEDIATION SESSION ATTENDANCE FORM**

**Instructions:** Please have *all attorneys and client representatives* who attend the conference(s) provide the following information. The purpose of this information is to facilitate survey research of the value of the Honorable Thomas T. Glover Mediation Program.

**ATTORNEYS**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Attorney for:** \_\_\_\_\_ **Attorney for:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Attorney for:** \_\_\_\_\_ **Attorney for:** \_\_\_\_\_

**CLIENT REPRESENTATIVES**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Party Representing: \_\_\_\_\_

Party Representing: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Party Representing: \_\_\_\_\_

Party Representing: \_\_\_\_\_