



**UNITED STATES DISTRICT COURT**

**CENTRAL DISTRICT OF CALIFORNIA**

**312 NORTH SPRING STREET**

**LOS ANGELES, CALIFORNIA 90012**

**TEL: 213-894-1215**

**FAX: 213-894-5084**

**REQUEST BY PANEL MEDIATOR  
TO INCUR COSTS IN EXCESS OF \$50.00**

**Panel Member:** *(Include address, phone and fax numbers)*

**Case Title:**

**Case Number:**

**Total Costs Requested:** *(Set forth the nature of the contemplated expenditures, the reason for the expenditures, the anticipated total amount and such other information as may be relevant for a determination that there is good cause for the expense to be incurred.<sup>1</sup>)*

\_\_\_\_\_  
*Name of Panel Mediator (Print)*

\_\_\_\_\_  
*Signature of Panel Mediator*

\_\_\_\_\_  
*Date*

**Good cause having been found, authorization is granted to the Panel Mediator to incur the costs described above.**

Amount Approved: \$\_\_\_\_\_

\_\_\_\_\_  
*ADR Program Director*

\_\_\_\_\_  
*Date*

<sup>1</sup>If extra space is needed, attach additional sheets of paper.