



# United States District Court Western District of Washington

Plaintiff/Petitioner

v.

Defendant/Respondent

Plaintiff, or Plaintiff's counsel, contact information:

Address

Case Number:

### Request for Pro Bono Mediation

Daytime Phone

E-mail

Defendant, or Defendant's counsel, contact information:

Address

Daytime Phone

E-mail

Provide a short description of the nature of the case:

Trial Date (if set)

Dispositive Motions Deadline (if set)

Discovery Cutoff Date (if set)

Deadline for Conducting Mediation (if set)

Anticipated Date and Place of Mediation (or other ADR procedure)

Basis of request for neutral to serve without compensation: (Check the applicable boxes)

- One or Both/All Parties have appeared Pro Se in this action.
- One or Both/All Parties are represented by Pro Bono counsel who are providing services without compensation.
- One or Both/All Parties are "unable, or are unable without financial hardship, to pay the anticipated fee for services of the LCR 39.1 Mediator (or other neutral)".
- None of the above. Please explain basis for request:

Please list the names of five (5) Rule 39.1 Neutrals from the court’s register\* who the parties agree may serve as a mediator or arbitrator (if arbitration is requested). If no names are identified by the parties, the ADR Committee Co-Chair(s) will endeavor to identify a mediator or arbitrator who is available to serve in this matter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*A list of certified Neutrals (Mediators) may be found on the Court’s website under Attorneys > Alternative Dispute Resolution (ADR)

Signature(s) of Plaintiff(s) Counsel or Plaintiff (if Pro Se) and Date.

Signature(s) of Defendant(s) Counsel or Defendant (if Pro Se) and Date.


The completed form may be submitted electronically by clicking the e-mail button on the upper right hand corner of the first page, or can be mailed to:

Attn: Emily Nero  
USDC Clerk’s Office  
700 Stewart St.  
Suite 2310  
Seattle, WA 98101

**- ADR Committee Use ONLY -**

The following Certified Attorney Neutral has agreed to provide pro bono mediation or arbitration service.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail