

**UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT**

**CONFIDENTIAL JOINT REQUEST TO ENTER  
APPELLATE MEDIATION PROGRAM**

**Case Number:** \_\_\_\_\_

**Short Case Caption:** \_\_\_\_\_

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

Signature of Counsel for:     Appellant/Petitioner                       Cross-Appellant  
    Appellee/Respondent                       Intervenor

Name of Party Represented: \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Signature of Counsel for:     Appellant/Petitioner                       Cross-Appellant  
    Appellee/Respondent                       Intervenor

Name of Party Represented: \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

Circuit Mediation Administrator  
U.S. Court of Appeals for the Federal Circuit  
717 Madison Place, NW  
Washington, DC 20439