

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In re:)
) Bk. No.
)
 Debtor(s))
 _____)
 (If an Adversary Proceeding))
)
 Plaintiff(s)) Adv. No.
)
 vs.) REQUEST FOR ASSIGNMENT
) TO MEDIATION PROGRAM AND
) ASSIGNMENT OF MEDIATOR
 Defendant(s))

It is requested that the below described issues in the above- entitled matter be assigned to the Mediation Program established by General Order of the Court dated January 24, 2000.

In support of this request the following information is provided:

Is this request for assignment on a pro bono basis? YES /___/ NO /___/
 If YES, attach statement explaining why pro bono mediation is necessary.

The procedural requirements established for the court's mediation program have been read and will be complied with if the matter is assigned to the program.
 YES /___/ NO /___/

The Bankruptcy Estate is a party to the matter to be mediated. YES /___/ NO /___/

The matter to be mediated is /___/ an Adversary Proceeding, /___/ a Contested Matter.

Chapter Under Which Relief was Ordered /___/ 7, /___/ 11, /___/ 12, /___/13

The issue(s) to be mediated is (check all that apply):

- / / To Recover Money or Property
 The Amount of Money or Value of Property at Issue: \$ _____
- / / To Determine the Validity, Priority or Extent of a Lien or Other Interest in Property

- / / To Object to or to Revoke a Discharge (11 USC 727)
- / / To Determine the Dischargeability of a Debt (11 USC 523)
- / / An Objection to a Proof of Claim
- / / An Objection to the Confirmation of a Plan
- / / The Determination of the Value of Property
- / / To Recover a Voidable Preference or Fraudulent Transfer
- / / The Avoidance of a Lien
- / / Other (describe) _____

It is further requested that the following mediator(s) appointed to the Panel of Mediators be assigned to mediate this matter, listed in the order of preference:

Name

Name

Name

Dated: _____

party(s)

Represented by: _____
(Signature)

Name: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Dated: _____

party(s)

Represented by: _____
(Signature)

Name: _____
Address: _____
Telephone: _____
Fax: _____

Request for Assignment
To Mediation Program
And Assignment of Mediator

Email: _____