UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT
CIVIL APPEALS MEDIATION PROGRAM
REQUEST TO RESCHEDULE MEDIATION FORM

Before submitting this request to CAMP, please confer with opposing counsel and agree on three alternative proposed dates. Please note that CAMP mediation orders do not affect the briefing schedule.

USCA DOCKET NUMBER: _____

PARTY NAME: _____

1. What is the date and time of your scheduled mediation with CAMP?

2. What is the reason for your request to reschedule the mediation?

3. How many requests to reschedule have you previously made?

4. Have all opposing parties consented to the request to reschedule?

   ☐ Yes. ☐ No.

5. If you answered "Yes" to question 4, please provide at least three (3) alternate dates and times for the mediation that work for all parties.

6. If you answered "No" to question 4, what reasons did the opposing parties provide for refusing to consent, if any?

Counsel Name: _____ **Date**:_____

PLEASE SUBMIT IMMEDIATELY VIA EMAIL TO: camp_support@ca2.uscourts.gov

Requesting an adjournment does not guarantee that the mediation will be adjourned. Absent an unforeseen emergency, requests made less than one week in advance of the scheduled mediation are disfavored and not likely to be granted.