

**CIRCUIT MEDIATION OFFICE
UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT**

BYRON WHITE UNITED STATES COURTHOUSE
1823 STOUT STREET
DENVER, COLORADO 80257

DAVID W. AEMMER
CHIEF CIRCUIT MEDIATOR

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KYLE ANN SCHULTZ
CIRCUIT MEDIATOR

June 25, 2020

David Habenstreit, Esq.
National Labor Relations Board
1015 Half Street SE
Washington, DC 20570

Edward Ricco, Esq.
Rodey Dickason Sloan Akin & Robb
201 Third Street NW, Suite 2200
Albuquerque, NM 87102

RE: No. 20-9531 – National Labor Relations Board v. Smith’s Food & Drug Centers, Inc.

MEDIATION CONFERENCE NOTICE

Dear Counsel:

Pursuant to Rule 33.1, Rules of the Tenth Circuit, a **TELEPHONE** mediation conference has been scheduled in this case on **Friday, July 10, 2020 at 10:00 AM, MOUNTAIN TIME**. This office will initiate the telephone conference. Please allow at least two hours for the conference.

The purposes of the conference are to explore any possibilities for settlement and to resolve procedural problems. Counsel are expected to have consulted with their clients prior to the conference and to have as much authority as feasible regarding settlement and case management matters.

Counsel addressed above are tentatively identified to be the attorney with primary responsibility for this case. Our goal, however, is to secure the participation of the attorney on whose judgment the clients rely when making decisions about settlement. Counsel are required to complete the attached **Mediation Contact Form within four business days of the date of this notice**.

Please contact this office **BY TELEPHONE IMMEDIATELY** if you need to have the conference rescheduled because of an unavoidable conflict.

Sincerely,



Denise McClure
Conference Administrator

Submit this form directly to the Mediation Office.

Return by e-mail to CA10_CMO@ca10.uscourts.gov or fax (303-844-6437)
to the attention of Denise McClure, Conference Administrator.

Conference Date: _____

Case No(s): _____ **Case Name:** _____

1. Please identify your client(s) and provide contact information for each attorney who will participate in the mediation conference. If more than one attorney is involved, the attorney with the most direct relationship with the client is required to participate in the conference and should be listed as Lead Mediation Counsel below.

Client Names(s):

Appellant

Appellee

Other Details: _____

Lead Mediation Counsel:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone*: _____

E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone*: _____

E-mail: _____

Other counsel who will participate on behalf of your client:

Name: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone*: _____

E-mail: _____

2. Please complete the below information only if your client or client representative (**identify title**) will participate in the mediation conference. If your client or client representative is participating from a different telephone number than lead counsel, please list the telephone number.

Name: _____

Telephone*: _____

*The mediator will call all mediation participants. Please provide the best **direct number** at which each participant can be reached.