FILED

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CAMELOT DISTRIBUTION GROUP, INC.	CASE NUMBER
PLAINTIFF(S)	**CV11- 1949 DDP (FMOx)**
V.	
DOES 1-5865	**NOTICE TO PARTIES OF ADR PROGRAM**
DEFENDANT(S).	

Dear Counsel,

The district judge to whom the above-referenced case has been assigned is participating in an ADR Program. All counsel of record are directed to jointly complete the attached ADR Program Questionnaire, and plaintiff's counsel (or defendant in a removal case) is directed to concurrently file the Questionnaire with the report required under Federal Rules of Civil Procedure 26(f).

Clerk, U.S. District Court

03/07/11

Date

By: CPOWERS

Deputy Clerk

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CAMELOT DISTRIBUTION GROUP, INC. PLAINTIFF(S) V. **DOES 1-5865** DEFENDANT(S).	CASE NUMBER **CV11- 1949 DDP (FMOx)** --- **ADR PROGRAM QUESTIONNAIRE**

(1) What, if any, discovery do the parties believe is essential in order to prepare adequately for a settlement conference or mediation? Please outline with specificity the type(s) of discovery and proposed completion date(s). Please outline any areas of disagreement int this regard. Your designations do not limit the discovery that you will be able to take in the event this case does not settle.

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(2) What are the damage amounts being claimed by each plaintiff? Identify the categories of damage claimed [e.g., lost profits, medical expenses (past and future), lost wages (past and future), emotional distress, damage to reputation, etc.] and the portion of the total damages claimed attributed to each category.

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(3) Do the parties agree to utilize a private mediator in lieu of the court's ADR Program?

Yes [_]   No [_]

(4) if this case is in category civil rights - employment (442), check all boxes that describe the legal bases of plaintiff claim(s).

[_] Title VII   [_] Age Discrimination

[_] 42 U.S.C. section 1983   [_] California Fair Employment and Housing Act

[_] Americans with Disabilities Act of 1990   [_] Rehabilitation Act

[_] Other _____

_____

_____

I hereby certify that all parties have discussed and agree that the above-mentioned responses are true and correct.

_____   _____
Date   Attorney for Plaintiff (Signature)

                                     _____
                                     Attorney for Plaintiff (Please print full name)

_____   _____
Date   Attorney for Defendant (Signature)

                                     _____
                                     Attorney for Defendant (Please print full name)