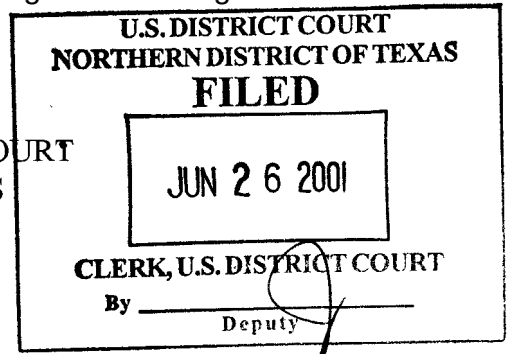


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IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

SHEILA BEAL, et al.,

Plaintiffs,

v.

MIDLOTHIAN ISD, et al.,

Defendants.

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Civil Action No. 3:01-CV-0746-L

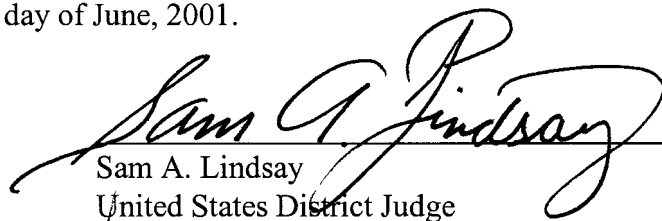


MEDIATION ORDER

After reviewing the Joint Status Report filed in this case, the court has determined that this case is appropriate for mediation. The parties are therefore directed to participate in mediation by **October 29, 2001**. The parties shall appear before a mediator of their mutual choosing and participate in mediation. The mediator shall submit a report to the court within five days of the mediation.

In accordance with § III(G) of this court's Civil Justice Expense and Delay Reduction Plan, the clerk of the court shall transmit to counsel a copy of the mediator report form. Counsel shall be jointly responsible for ensuring that the mediator receives the form in a timely fashion. The mediator is ordered to return the form to the clerk of the court (not to the undersigned's chambers) in accordance with the clerk's instructions. The mediator's obligation to return the clerk's form is separate from the obligation to submit a report to the court.

It is so ordered this 26 day of June, 2001.



Sam A. Lindsay
United States District Judge



Alternative Dispute Resolution Summary

1. Civil action number: _____
2. Style of case: _____
3. Nature of suit: _____
4. Method of ADR used: Mediation Mini-Trial Summary Jury Trial
5. Outcome of ADR (*Select one*):
 Parties did not use my services. Settled, in part, as a result of ADR.
 Settled as a result of ADR. Parties were unable to reach settlement.
 Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).
6. What was your TOTAL fee: \$ _____
7. Duration of ADR: _____ (i.e., one day, two hours)
8. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

(Provider) _____

Please provide the names, addresses, and telephone number of counsel on the reverse of this form.

9. Provider information:

Signature

Date

Address

Telephone

Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.