ATTORNEY FOR PLAINTIFF *(name, bar card, and address)*: TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY MAILING ADDRESS: **801 10TH STREET, 4TH FLOOR** CITY AND ZIP CODE: **MODESTO, CA 95354** BRANCH NAME: **MODESTO**	
CASE NAME:	
STIPULATION AND ORDER TO ADR	CASE NUMBER:

The parties and their attorneys stipulate that the claims in this action shall be submitted to the following alternative dispute resolution process:

- ☐ Voluntary Mediation
- ☐ Private Mediation
- ☐ Judicial Arbitration
- ☐ Private Arbitration
- ☐ Neutral Evaluation
- ☐ Voluntary Mediation in lieu of Judicial Arbitration

This box is to be filled out for or Voluntary Mediation and Neutral Evaluation only.

In accordance with Stanislaus County Rule of Court 3.10(D)(4) and 3.11(C)(2) this form must be signed by the agreed upon mediator or neutral-evaluator. If both parties agree the court will select a mediator for the case.

☐ It is Stipulated that _____ (name of mediator/neutral evaluator) shall serve as the neutral for this case.

_____ _____
Signature of Neutral Date

☐ It is Stipulated that the Court select a mediator for this case.

- For Voluntary Mediation this form must be completed and returned with $400 ($200 from the plaintiffs and $200 from the defendants).

► _____
(PLAINTIFF)

_____
(SIGNATURE) (DATE)

► _____
(PLAINTIFF'S ATTORNEY)

_____
(SIGNATURE) (DATE)

► _____
(DEFENDANT)

_____
(SIGNATURE) (DATE)

► _____
(DEFENDANT'S ATTORNEY)

_____
(SIGNATURE) (DATE)

Name and Address):	***FOR COURT USE ONLY***
TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: FAX NO. *(Optional):*	
SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY MAILING ADDRESS: **801 10TH STREET, 4TH FLOOR** CITY AND ZIP CODE: **MODESTO, CA 95354** BRANCH NAME: **MODESTO**	
CASE NAME:	
NOTICE OF DATE, TIME AND PLACE OF MEDIATION	CASE NUMBER:

All parties to this case are notified that this matter has been set for Mediation on _____, 20__, at the hour of _____, at this address:

_____

_____

_____

Date: _____ Signature: _____

Print Name: _____

MEDIATOR *(Name and Address)*: TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: FAX NO. *(Optional)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY MAILING ADDRESS: **801 10TH STREET, 4TH FLOOR** CITY AND ZIP CODE: **MODESTO, CA 95354** BRANCH NAME: **MODESTO**	
CASE NAME:	
MEDIATOR'S REPORT	CASE NUMBER:

1. Mediation *(check one)*

   ☐ did not take place, because _____

   _____

   _____

   _____.

   ☐ is continuing until _____.

   ☐ took place on _____ and is completed.

2. The mediation ended in *(check one)*

   ☐ full agreement.

   ☐ partial agreement.

   ☐ no agreement.

_____
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF MEDIATOR)

_____
Date:

NOTE: Within 10 days of the end of the mediation process or by the ADR completion deadline set by the court, the mediator must forward a copy of this report to the ADR Clerk at the Stanislaus County Courthouse. Please do not include any confidential information on this form (see *Evidence Code* §1121).