| ATTORNEY FOR PLAINTIFF *(name, bar card, and address)*: | ***FOR COURT USE ONLY*** |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*: | |
| **SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY**<br>MAILING ADDRESS: **1100 I. Street**<br>CITY AND ZIP CODE: **MODESTO, CA 95354**<br>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) (DEFENDANT)

_____ _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE)

► _____ ► _____
(PLAINTIFF'S ATTORNEY) (DEFENDANT'S ATTORNEY)

_____ _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE)