| *Name and Address)*: | ***FOR COURT USE ONLY*** |
|---|---|
| TELEPHONE NO.:<br>E-MAIL ADDRESS *(Optional)*: FAX NO. *(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: | |
| **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: _____