

MEDIATOR (Name and Address):  TELEPHONE NO.: E-MAIL ADDRESS (Optional):                      FAX NO. (Optional):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY</b> MAILING ADDRESS: <b>1100 I Street</b> CITY AND ZIP CODE: <b>MODESTO, CA 95354</b> BRANCH NAME: <b>MODESTO</b>	
CASE NAME:	
<b>MEDIATOR'S REPORT</b>	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).