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)