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: _____