

MEDIATOR (Name and Address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): FAX NO. (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:	
MEDIATOR'S REPORT	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).