

ARBITRATOR <i>(Name and Address)</i> : TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY ADDRESS: 801 10TH STREET, 4TH FLOOR CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: MODESTO	
CASE NAME: _____	
Notice of Assignment of Date and Place of Arbitration Hearing	CASE NUMBER: _____

Attorney for Plaintiff(s):

Other:

Attorney for Defendant(s):

Other:

The above parties are hereby notified that the above entitled case has been set for an arbitration hearing on _____, 20 __, at the hour of _____, at the place indicated below.

Place:

By ORDER of: _____ Arbitrator