

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

I, the undersigned do hereby

accept

reject

(check one box please)

The appointment as arbitrator in the above entitled case.

\_\_\_\_\_

Dated

\_\_\_\_\_

Signature

**PLEASE RETURN THIS FORM TO THE ARBITRATION CLERK WITHIN 10 DAYS.**