

<p><i>(Name and Address):</i></p> <p>TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____</p> <p>Attorney for: _____</p>	<p><b>FOR COURT USE ONLY</b></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY</b></p> <p>ADDRESS: <b>801 10TH STREET, 4TH FLOOR</b></p> <p>CITY AND ZIP CODE: <b>MODESTO, CA 95354</b></p> <p>BRANCH NAME: <b>MODESTO</b></p>	
<p>CASE NAME:</p>	
<p><b>Request for Trial De Novo</b></p>	<p>CASE NUMBER:</p>

Plaintiff                       Defendant

Hereby rejects the arbitrator's award and elect trial *de novo* in the above entitled case.

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Dated

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Signature