

# **ADR Packet**

**18 pages including this one**

**SUPERIOR COURT OF CALIFORNIA**

**County of Marin**

3501 Civic Center Drive  
P.O. Box 4988  
San Rafael, CA 94913-4988

**NOTICE TO PLAINTIFFS**

**CIVIL TRIAL DELAY REDUCTION PROGRAM  
REQUIRES PROCEDURES AND TIME LINES TO BE MET**

PRE-PRINTED PACKET FEE

\$1.00

You must serve the following documents, which you will receive from the Court Clerk's office, with the complaint, on all other parties:

- A copy of this letter
- A copy of the Notice of Case Management Conference
- Stipulation to Use of Alternative Dispute Resolution Process
- Ex-Parte Application for Extension of Time to Serve Pleading and Orders
- Case Management Statement
- Notice of Stay of Proceedings
- Notice of Termination or Modification of Stay
- Notice of Settlement of Entire Case
- Statement of Agreement or Nonagreement
- ADR Information Sheet

This service must be accomplished and *Proof of Service* must be filed within 60 days of the filing of the complaint.

The Case Management Conference will be held approximately 140 days from the filing of the Complaint. The exact date and judge assignment is indicated on the form you received in the Clerk's office when you filed your complaint.

Failure to comply with the program rules may result in the imposition of sanctions and will in each instance result in the issuance of an order that you show cause why you have not complied.

Examples of Alternative Dispute Resolution (ADR) procedures offered in Marin County include:

- Binding and non-binding arbitration
- Mediation
- Neutral case evaluation

It is important that you review these programs with your client. It will increase the possibility of your client's case being resolved at an early, and less expensive, stage of the proceedings. All judges in the civil trial delay reduction program are supportive of the use of alternative dispute resolution programs and are available to meet with you and the other parties prior to your Case Management Conference to assist in selecting the most appropriate resolution mechanism for your case.

You are required to complete and return the ADR Information Form, ADR-100 or ADR-101, within 10 days of the resolution of the dispute.

Telephonic appearances at Case Management Conference may be available by contacting COURT CALL, an independent vendor, not less than 5 court days prior to the hearing date. Parties may make arrangements by calling (888) 882-6878. This service is subject to charges by the vendor.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i>  STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY       CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
<b>STIPULATION TO USE OF ALTERNATIVE DISPUTE RESOLUTION PROCESS</b>	

The parties to the above action have stipulated that this case be submitted for Alternative Dispute Resolution to be decided at the Case Management Conference.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Attorney For

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Attorney For

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT	
EX PARTE APPLICATION FOR EXTENSION OF TIME TO SERVE PLEADING AND <input type="checkbox"/> ORDER EXTENDING TIME TO SERVE AND <input type="checkbox"/> ORDER CONTINUING CASE MANAGEMENT CONFERENCE	CASE NUMBER:
Note: This ex parte application will be considered without a personal appearance. (See Cal. Rules of Court, rule 3.1207(2).)	HEARING DATE: DEPT. _____ TIME: _____

1 Applicant (name):

- IS
- a.  plaintiff
  - b.  cross-complainant
  - c.  petitioner
  - d.  defendant
  - e.  cross-defendant
  - f.  respondent
  - g.  other (describe):

2. The complaint or other initial pleading in this action was filed on (date):

3. Applicant requests that the court grant an order extending time for service of the following pleading:

- a.  Complaint
- b.  Cross-complaint
- c.  Petition
- d.  Answer or other responsive pleading
- e.  Other (describe):

4. Service and filing of the pleading listed in item 3 is presently required to be completed by (date):

5. Previous applications, orders, or stipulations for an extension of time to serve and file in this action are:

- a.  None
- b.  The following (describe all, including the length of any previous extensions):

6. Applicant requests an extension of time to serve and file the pleading listed in item 3 on the following parties (name each):

CASE NAME:	CASE NUMBER:
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7. The pleading has not yet been filed and served on the parties listed in item 6 for the following reasons (describe the efforts that have been made to serve the pleading and why service has not been completed):

Continued on Attachment 7

8. An extension of time to serve and file the pleading should be granted for the following reasons:

Continued on Attachment 8.

9. If an extension of time is granted, filing and service on the parties listed in item 6 will be completed by (date):

10. Notice of this application under rules 3.1200-3.1207  has been provided as required (describe all parties or counsel to whom notice was given; the date, time, and manner of giving notice; what the parties or counsel were told and their responses; and whether opposition is expected) or  is not required (state reasons):

Continued on Attachment 10.

11. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF APPLICANT OR ATTORNEY FOR APPLICANT)



\_\_\_\_\_  
(SIGNATURE OF APPLICANT OR ATTORNEY FOR APPLICANT)

Order on Application is  below  on a separate document.

**ORDER**

1. The application for an order extending time to serve and file the pleading is:  granted  denied.
2. The pleading must be served and filed no later than (date):
3.  The case management conference is rescheduled to:
  - a. Date:
  - b. Time:
  - c. Place:
4. Other orders:
5. A copy of this application and order must be served on all parties or their counsel that have appeared in the case.

Date:

\_\_\_\_\_  
JUDICIAL OFFICER



PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT	CASE NUMBER: _____
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4. b. Provide a brief statement of the case, including any damages. (If personal injury damages are sought, specify the injury and damages claimed, including medical expenses to date [indicate source and amount], estimated future medical expenses, lost earnings to date, and estimated future lost earnings. If equitable relief is sought, describe the nature of the relief.)

(If more space is needed, check this box and attach a page designated as Attachment 4b.)

5. **Jury or nonjury trial**

The party or parties request  a jury trial  a nonjury trial. (If more than one party, provide the name of each party requesting a jury trial):

6. **Trial date**

a.  The trial has been set for (date):

b.  No trial date has been set. This case will be ready for trial within 12 months of the date of the filing of the complaint (if not, explain):

c. Dates on which parties or attorneys will not be available for trial (specify dates and explain reasons for unavailability):

7 **Estimated length of trial**

The party or parties estimate that the trial will take (check one):

a.  days (specify number):

b.  hours (short causes) (specify):

8. **Trial representation (to be answered for each party)**

The party or parties will be represented at trial  by the attorney or party listed in the caption  by the following:

a. Attorney:

b. Firm:

c. Address:

d. Telephone number:

f. Fax number:

e. E-mail address:

g. Party represented:

Additional representation is described in Attachment 8.

9. **Preference**

This case is entitled to preference (specify code section):

10. **Alternative dispute resolution (ADR)**

a. **ADR information package.** Please note that different ADR processes are available in different courts and communities; read the ADR information package provided by the court under rule 3.221 for information about the processes available through the court and community programs in this case.

(1) For parties represented by counsel: Counsel  has  has not provided the ADR information package identified in rule 3.221 to the client and reviewed ADR options with the client.

(2) For self-represented parties: Party  has  has not reviewed the ADR information package identified in rule 3.221

b. **Referral to judicial arbitration or civil action mediation (if available).**

(1)  This matter is subject to mandatory judicial arbitration under Code of Civil Procedure section 1141.11 or to civil action mediation under Code of Civil Procedure section 1775.3 because the amount in controversy does not exceed the statutory limit.

(2)  Plaintiff elects to refer this case to judicial arbitration and agrees to limit recovery to the amount specified in Code of Civil Procedure section 1141.11

(3)  This case is exempt from judicial arbitration under rule 3.811 of the California Rules of Court or from civil action mediation under Code of Civil Procedure section 1775 et seq. (specify exemption):

PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT	CASE NUMBER: _____
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10. c. Indicate the ADR process or processes that the party or parties are willing to participate in, have agreed to participate in, or have already participated in (check all that apply and provide the specified information):

	The party or parties completing this form are willing to participate in the following ADR processes (check all that apply):	If the party or parties completing this form in the case have agreed to participate in or have already completed an ADR process or processes, indicate the status of the processes (attach a copy of the parties' ADR stipulation):
(1) Mediation	<input type="checkbox"/>	<input type="checkbox"/> Mediation session not yet scheduled <input type="checkbox"/> Mediation session scheduled for (date): <input type="checkbox"/> Agreed to complete mediation by (date): <input type="checkbox"/> Mediation completed on (date):
(2) Settlement conference	<input type="checkbox"/>	<input type="checkbox"/> Settlement conference not yet scheduled <input type="checkbox"/> Settlement conference scheduled for (date): <input type="checkbox"/> Agreed to complete settlement conference by (date): <input type="checkbox"/> Settlement conference completed on (date):
(3) Neutral evaluation	<input type="checkbox"/>	<input type="checkbox"/> Neutral evaluation not yet scheduled <input type="checkbox"/> Neutral evaluation scheduled for (date): <input type="checkbox"/> Agreed to complete neutral evaluation by (date): <input type="checkbox"/> Neutral evaluation completed on (date):
(4) Nonbinding judicial arbitration	<input type="checkbox"/>	<input type="checkbox"/> Judicial arbitration not yet scheduled <input type="checkbox"/> Judicial arbitration scheduled for (date): <input type="checkbox"/> Agreed to complete judicial arbitration by (date): <input type="checkbox"/> Judicial arbitration completed on (date):
(5) Binding private arbitration	<input type="checkbox"/>	<input type="checkbox"/> Private arbitration not yet scheduled <input type="checkbox"/> Private arbitration scheduled for (date): <input type="checkbox"/> Agreed to complete private arbitration by (date): <input type="checkbox"/> Private arbitration completed on (date):
(6) Other (specify):	<input type="checkbox"/>	<input type="checkbox"/> ADR session not yet scheduled <input type="checkbox"/> ADR session scheduled for (date): <input type="checkbox"/> Agreed to complete ADR session by (date): <input type="checkbox"/> ADR completed on (date):



PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT	CASE NUMBER: _____
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**11 Insurance**

- a.  Insurance carrier, if any for party filing this statement (*name*):
- b. Reservation of rights:  Yes  No
- c.  Coverage issues will significantly affect resolution of this case (*explain*):

**12. Jurisdiction**

Indicate any matters that may affect the court's jurisdiction or processing of this case and describe the status.

- Bankruptcy  Other (*specify*):

Status:

**13. Related cases, consolidation, and coordination**

- a.  There are companion, underlying, or related cases.
  - (1) Name of case:
  - (2) Name of court:
  - (3) Case number:
  - (4) Status:
- Additional cases are described in Attachment 13a.
- b.  A motion to  consolidate  coordinate will be filed by (*name party*):

**14. Bifurcation**

- The party or parties intend to file a motion for an order bifurcating, severing, or coordinating the following issues or causes of action (*specify moving party type of motion, and reasons*):

**15. Other motions**

- The party or parties expect to file the following motions before trial (*specify moving party, type of motion, and issues*):

**16. Discovery**

- a.  The party or parties have completed all discovery.
  - b.  The following discovery will be completed by the date specified (*describe all anticipated discovery*):
- | <u>Party</u> | <u>Description</u> | <u>Date</u> |
|--------------|--------------------|-------------|
|              |                    |             |
|              |                    |             |

- c.  The following discovery issues, including issues regarding the discovery of electronically stored information, are anticipated (*specify*):

PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT	CASE NUMBER:
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17 Economic litigation

- a.  This is a limited civil case (i.e., the amount demanded is \$25,000 or less) and the economic litigation procedures in Code of Civil Procedure sections 90-98 will apply to this case.
- b.  This is a limited civil case and a motion to withdraw the case from the economic litigation procedures or for additional discovery will be filed (if checked, explain specifically why economic litigation procedures relating to discovery or trial should not apply to this case):

18. Other issues

- The party or parties request that the following additional matters be considered or determined at the case management conference (specify):

19. Meet and confer

- a.  The party or parties have met and conferred with all parties on all subjects required by rule 3.724 of the California Rules of Court (if not, explain):
- b. After meeting and conferring as required by rule 3.724 of the California Rules of Court, the parties agree on the following (specify):

20. Total number of pages attached (if any): \_\_\_\_\_

I am completely familiar with this case and will be fully prepared to discuss the status of discovery and alternative dispute resolution, as well as other issues raised by this statement, and will possess the authority to enter into stipulations on these issues at the time of the case management conference, including the written authority of the party where required.

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PARTY OR ATTORNEY)

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PARTY OR ATTORNEY)

Additional signatures are attached.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO. _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT	
<b>NOTICE OF STAY OF PROCEEDINGS</b>	CASE NUMBER:  JUDGE:  DEPT:

**To the court and to all parties:**

1 Declarant (name):

- a.  is  the party  the attorney for the party who requested or caused the stay
- b.  is  the plaintiff or petitioner  the attorney for the plaintiff or petitioner. The party who requested the stay has not appeared in this case or is not subject to the jurisdiction of this court.

2. This case is stayed as follows:

- a.  With regard to all parties.
- b.  With regard to the following parties (specify by name and party designation):

3. Reason for the stay:

- a.  Automatic stay caused by a filing in another court. (Attach a copy of the Notice of Commencement of Case, the bankruptcy petition, or other document showing that the stay is in effect, and showing the court, case number debtor, and petitioners.)
- b.  Order of a federal court or of a higher California court. (Attach a copy of the court order.)
- c.  Contractual arbitration under Code of Civil Procedure section 1281.4. (Attach a copy of the order directing arbitration.)
- d.  Arbitration of attorney fees and costs under Business and Professions Code section 6201 (Attach a copy of the client's request for arbitration showing filing and service.)
- e.  Other:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF DECLARANT)



\_\_\_\_\_  
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT	CASE NUMBER:  DEPT.:
<b>NOTICE OF TERMINATION OR MODIFICATION OF STAY</b>	JUDICIAL OFFICER:

**To the court and all parties:**

1. A *Notice of Stay of Proceedings* was filed in this matter on (date):
2. Declarant named below is
  - a.  the party  the attorney for the party who requested or caused the stay.
  - b.  other (describe):
3.  The stay described in the above referenced *Notice of Stay of Proceedings*
  - a.  has been vacated by an order of another court. (Attach a copy of the court order.)
  - b.  is no longer in effect.
4.  The stay has been modified (describe):
  
5. The stay has been vacated, is no longer in effect, or has been modified
  - a.  with regard to all parties.
  - b.  with regard to the following parties (specify by name and party designation):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF DECLARANT)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PLAINTIFF _____ DEFENDANT	CASE NUMBER: _____
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**PROOF OF SERVICE BY FIRST-CLASS MAIL  
 NOTICE OF TERMINATION OR MODIFICATION OF STAY**

*(NOTE: You cannot serve the Notice of Termination or Modification of Stay if you are a party in the action. The person who served the notice must complete this proof of service.)*

1 I am at least 18 years old and **not** a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served a copy of the *Notice of Termination or Modification of Stay* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:

- a.  deposited the sealed envelope with the United States Postal Service.
- b.  placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Termination or Modification of Stay* was mailed:

- a. on *(date)*:
- b. from *(city and state)*:

4. The envelope was addressed and mailed as follows:

a. Name of person served:

Street address:  
 City:  
 State and zip code:

c. Name of person served:

Street address:  
 City:  
 State and zip code:

b. Name of person served:

Street address:  
 City:  
 State and zip code:

d. Name of person served:

Street address:  
 City:  
 State and zip code:

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____  DEFENDANT/RESPONDENT _____	
<b>NOTICE OF SETTLEMENT OF ENTIRE CASE</b>	CASE NUMBER: _____ JUDGE: _____ DEPT: _____

**NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF**

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **unconditional**. You must file a dismissal of the entire case within 45 days after the date specified in item 1b below if the settlement is **conditional**. Unless you file a dismissal within the required time or have shown good cause before the time for dismissal has expired why the case should not be dismissed, the court will dismiss the entire case.

**To the court, all parties, and any arbitrator or other court-connected ADR neutral involved in this case:**

1. This entire case has been settled. The settlement is:
  - a.  **Unconditional.** A request for dismissal will be filed within 45 days after the date of the settlement.  
Date of settlement: \_\_\_\_\_
  - b.  **Conditional.** The settlement agreement conditions dismissal of this matter on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than (date): \_\_\_\_\_
2. Date initial pleading filed: \_\_\_\_\_
3. Next scheduled hearing or conference:
  - a. Purpose: \_\_\_\_\_
  - b.  (1) Date: \_\_\_\_\_
  - (2) Time: \_\_\_\_\_
  - (3) Department: \_\_\_\_\_
4. Trial date:
  - a.  No trial date set.
  - b.  (1) Date: \_\_\_\_\_
  - (2) Time: \_\_\_\_\_
  - (3) Department: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\_\_\_\_\_  
 (SIGNATURE)

PLAINTIFF/PÉTITIONER:  DEFENDANT/RESPONDENT	CASE NUMBER:
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**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF SETTLEMENT OF ENTIRE CASE**

*(NOTE: You cannot serve the Notice of Settlement of Entire Case if you are a party in the action. The person who served the notice must complete this proof of service.)*

1 I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:

- a.  deposited the sealed envelope with the United States Postal Service.
- b.  placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Settlement of Entire Case* was mailed:

- a. on *(date)*:
- b. from *(city and state)*:

4. The envelope was addressed and mailed as follows:

- |  |  |
|--|--|
| a. Name of person served:<br><br>Street address:<br>City:<br>State and zip code: | c. Name of person served:<br><br>Street address:<br>City:<br>State and zip code: |
| b. Name of person served:<br><br>Street address:<br>City:<br>State and zip code: | d. Name of person served:<br><br>Street address:<br>City:<br>State and zip code: |

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

5. Number of pages attached \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF DECLARANT)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

MEDIATOR (Name and Address):  	FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>STATEMENT OF AGREEMENT OR NONAGREEMENT</b> <input type="checkbox"/> First <input type="checkbox"/> Supplemental	CASE NUMBER:
<p>The mediator must complete, serve, and file this form</p> <ul style="list-style-type: none"> <li>• within 10 days after conclusion of the mediation, or by an another date set by the court, in all cases assigned to mediation under the Civil Action Mediation Program. (Code Civ. Proc., § 1775 et seq.)</li> <li>• as required by the court in other mediation programs.</li> </ul> <p>In completing this form, the mediator must not</p> <ul style="list-style-type: none"> <li>• provide any information beyond what is specifically requested, or</li> <li>• disclose any settlement terms, confidential communications, mediation conduct, or mediator conclusions or impressions. (Evid. Code, § 1115 et seq.)</li> </ul>	

1. I was appointed, assigned, or retained as the mediator in this case on (date):
  
2. The mediation (check one)
  - a.  was not scheduled.
  - b.  was scheduled but not held.
  - c.  was held as follows:
    - (1) Session dates (specify all):
    - (2) Number of sessions:
    - (3) Total length of sessions (hours):
  
3.  The mediation ended on (date):
  - a.  in a full agreement.
  - b.  in a partial agreement.
  - c.  in nonagreement.
  
4.  The mediation has not yet ended. I submit this form to comply with the court's requirement to do so by a specified date. (Complete the items below. In Civil Action Mediation Programs and where otherwise required by the court, file a supplemental Statement of Agreement or Nonagreement within 10 days after the mediation ends or by such other date as the court may set.)
  - a. The mediator anticipates that the mediation will be completed by (date):  
 NOTICE TO PARTIES: This form does not extend any mediation completion deadline that the court has set. You must request any necessary extension from the court.
  - b. The next mediation session is scheduled for (date):

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)
(SIGNATURE OF MEDIATOR)



**PROOF OF SERVICE OF STATEMENT OF AGREEMENT OR NONAGREEMENT**

1. At the time of service, I was over 18 years of age and not a party to this action.
2. My residence or business address is:
  
3.  The fax number or electronic service address from which I served the document is *(complete if service was by fax or electronic service)*:
  
4. I served the *Statement of Agreement or Nonagreement* (form ADR-100) on the person or persons below, as follows:

a. Name of person served	b. Manner of service <i>(specify personal, mail, fax, or electronic)</i>	c. Physical or mailing address, fax number, or electronic service address where person was served	d. Date of service	e. Time of service

5. The form ADR-100 was served by the following means *(check and complete all that apply)*:
  - a.  Where personal service is indicated in item 4.b., I personally delivered the form ADR-100 to the persons for whom personal service is indicated, at the addresses listed in item 4.c. (1) For a party represented by an attorney, delivery was made to the attorney or at the attorney's office by leaving the document in an envelope or package clearly labeled to identify the attorney being served with a receptionist or an individual in charge of the office, or in a visible location in the office between the hours of 9 a.m. and 5 p.m. (2) For a party, delivery was made to the party or by leaving the document at the party's residence with some person not younger than 18 years of age between the hours of 8 a.m. and 6 p.m.
  - b.  Where service by mail is indicated in item 4.b., I enclosed the form ADR-100 in a sealed envelope or package addressed to the persons at the addresses in item 4.c. and *(specify one)*:
    - (1)  deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
    - (2)  placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I am a resident of or employed in the county where the mailing occurred. The envelope or package was placed in the mail at *(city and state)*:
  - c.  Where fax transmission is indicated in item 4.b., based on an agreement of the parties to accept service by fax transmission, I faxed the form ADR-100 to the persons at the fax numbers listed in item 4.c. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed, is attached.
  - d.  Where electronic service is indicated in item 4.b., I caused the form ADR-100 to be served on the persons at the electronic service addresses listed in item 4.c., in accordance with a court order or an agreement of the parties allowing electronic service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF DECLARANT)

NAME OF COURT: \_\_\_\_\_

## ADR Information Form

This form should be filled out and returned,  
within 10 days of the resolution of the dispute, to:



1. Case name: \_\_\_\_\_ No. \_\_\_\_\_
2. Type of civil case:  PI/PD-Auto  PI/PD-Other  Contract  Other (specify): \_\_\_\_\_
3. Date complaint filed \_\_\_\_\_ Date case resolved \_\_\_\_\_
4. Date of ADR conference \_\_\_\_\_ 5. Number of parties \_\_\_\_\_
6. Amount in controversy  \$0-\$25,000  \$25,000-\$50,000  \$50,000-\$100,000  over \$100,000 (specify): \_\_\_\_\_
7.  Plaintiff's Attorney  Cross Complainant's Attorney 8.  Defendant's Attorney  Cross Defendant's Attorney

NAME

NAME

ADDRESS

ADDRESS

( )

( )

TELEPHONE NUMBER

TELEPHONE NUMBER

9. Please indicate your relationship to the case:

- Plaintiff  Plaintiff's attorney  Defendant  Defendant's attorney  
 3rd party defendant  3rd party defendant's attorney  Other (specify): \_\_\_\_\_

10. Dispute resolution process:

- Mediation  Arbitration  Neutral case evaluation  Other (specify): \_\_\_\_\_

11. How was case resolved?

- a.  As a direct result of the ADR process.  
b.  As an indirect result of the ADR process. c.  Resolution was unrelated to ADR process.

12. Check the closest dollar amount that you estimate you saved (attorneys fees, expert witness fees, and other costs) by using this dispute resolution process compared to resolving this case through litigation, whether by settlement or trial.

- \$0  \$250  \$500  \$750  \$1,000  more than \$1,000 (specify): \$ \_\_\_\_\_

13. If the dispute resolution process caused a net increase in your costs in this case, check the closest dollar amount of the additional cost:

- \$0  \$250  \$500  \$750  \$1,000  more than \$1,000 (specify): \$ \_\_\_\_\_

14. Check the closest number of court days that you estimate the court saved (motions, hearings, conferences, trial, etc.) as a result of this case being referred to this dispute resolution process:

- 0  1 day  more than 1 day (specify): \_\_\_\_\_

15. If the dispute resolution process caused a net increase in court time for this case, check the closest number of additional court days:

- 0  1 day  more than 1 day (specify): \_\_\_\_\_

16. Would you be willing to consider using this dispute resolution process again?  Yes  No