

ATTORNEY FOR PLAINTIFF <i>(name, bar card, 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 MAILING ADDRESS: 801 10th Street, 4th Floor CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: Civil	
CASE NAME: _____	
STIPULATION TO TEMPORARY ASSIGNED JUDGES CIVIL MEDIATION PROGRAM	CASE NUMBER: _____

The parties or by and through their attorneys of record stipulate that the claims in this action shall be submitted to the Temporary Assigned Judges Civil Mediation Program.

The parties agree the court will select a mediator for the case.

▶ _____ (PLAINTIFF)	▶ _____ (DEFENDANT)
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_____ (SIGNATURE) (DATE)	_____ (SIGNATURE) (DATE)
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▶ _____ (PLAINTIFF'S ATTORNEY)	▶ _____ (DEFENDANT'S ATTORNEY)
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_____ (SIGNATURE) (DATE)	_____ (SIGNATURE) (DATE)
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