

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: FAX NO.: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b> <input type="checkbox"/> <b>LODI Branch</b> 315 W. Elm St. Lodi, CA 95240 <input type="checkbox"/> <b>MANTECA Branch</b> 315 E. Center St. Manteca, CA 95336 <input type="checkbox"/> <b>TRACY Branch</b> 475 E. 10 <sup>th</sup> St. Tracy, CA 95376 <input type="checkbox"/> <b>STOCKTON Branch</b> 180 E. Weber Ave. Stockton, CA 95202	
Plaintiff(s)/Petitioner(s):	
Defendant(s)/Respondent(s):	CASE NUMBER:

**STIPULATION AND ORDER TO PARTICIPATE IN ALTERNATIVE DISPUTE RESOLUTION (ADR)**

**Pursuant to California Rules of Court §3.726 the parties stipulate that all claims pursuant in this action shall be submitted to (select one):**

Voluntary Mediation

Non-Binding Judicial Arbitration CCP 1141.12

Binding Arbitration (private)

Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

**Case Type:** \_\_\_\_\_

**Is the Neutral you selected listed on the Court's Panel of Mediators?**  Yes  No

**Neutral's name and telephone number:** \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_

**Date/Time of ADR Session:** \_\_\_\_\_ / \_\_\_\_\_ a.m./p.m. **Location of ADR Session:** \_\_\_\_\_

**Identify by name ALL individuals (litigants and attorneys) who will attend the ADR session:**  
\_\_\_\_\_  
\_\_\_\_\_

**Attorneys signing on behalf of their client(s) have been given the authority to stipulate to ADR. Original signatures required.**

\_\_\_\_\_  
Type or print name of  Party without attorney  Attorney for  
 Plaintiff/Petitioner  Defendant/Respondent

\_\_\_\_\_  
(Signature)  
Attorney or Party without attorney

\_\_\_\_\_  
Type or print name of  Party without attorney  Attorney for  
 Plaintiff/Petitioner  Defendant/Respondent

\_\_\_\_\_  
(Signature)  
Attorney or Party without attorney

\_\_\_\_\_  
Type or print name of  Party without attorney  Attorney for  
 Plaintiff/Petitioner  Defendant/Respondent

\_\_\_\_\_  
(Signature)  
Attorney or Party without attorney

\_\_\_\_\_  
Type or print name of  Party without attorney  Attorney for  
 Plaintiff/Petitioner  Defendant/Respondent

\_\_\_\_\_  
(Signature)  
Attorney or Party without attorney

**IT IS SO ORDERED:** Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court

**An ADR Review Hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_ a.m/p.m. in Dept. No. \_\_\_\_\_.**

**In the event that the case is resolved and a dismissal-entire action, a notice of settlement or judgment is on file 5 days before the hearing, the ADR Hearing will be dropped and all appearances will be excused.**

STIPULATION AND ORDER TO PARTICIPATE IN ALTERNATIVE DISPUTE RESOLUTION (ADR)