

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE: FAX NO. (<i>Optional</i>): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 <input type="checkbox"/> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
STIPULATION TO PARTICIPATE IN ALTERNATIVE DISPUTE RESOLUTION (ADR)	CASE NUMBER:

ALTERNATIVE DISPUTE RESOLUTION PROCESS

The undersigned parties stipulate to participate in Alternative Dispute Resolution (ADR) in the above-entitled action, as follows:

- Mediation
 - Mediator assigned from the "Random Select" panel. (*Pursuant to Local Rule 6.8, mediators on the Court's "random select" panel will provide up to three (3) hours of mediation free of charge*)
 - Mediator chosen by the parties from the "Party Select" panel. (Pursuant to Local Rule 6.8, compensation will be negotiated between the parties and the mediator and will be the responsibility of the parties)
 - Private mediator chosen by the parties – not on Court panel.

Mediator Name: _____

- Non-Binding Arbitration
- Binding Arbitration
 - Arbitrator chosen by the parties from the Court panel. (Pursuant to Local Rule 6.8, parties will receive up to three hours of arbitration hearing time free of charge. Compensation for additional hours will be negotiated between the parties and the arbitrator and will be the responsibility of the parties)
 - Private arbitrator chosen by the parties – not on Court panel

Arbitrator Name: _____

DATED: _____

Name of Stipulating Party <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-defendant	Name of Party or Attorney Executing Stipulation	► _____ Signature of Party or Attorney
Name of Stipulating Party <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-defendant	Name of Party or Attorney Executing Stipulation	► _____ Signature of Party or Attorney

Additional Signature(s) on reverse

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 Plaintiff Defendant Cross-defendant

Name of Party or Attorney Executing Stipulation

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Signature of Party or Attorney

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