

ADR PANEL MEMBER: <i>(Name and Address)</i> : TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA MAILING ADDRESS: P.O. BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME: MARTINEZ	
CASE NAME: _____	
NOTICE OF DATE, TIME AND PLACE OF MEDIATION	CASE NUMBER: _____

All parties in this case are notified this matter is set for mediation on:

Date: _____

Time: _____

Place: _____

I _____ declare, under penalty of perjury, that all counsel and parties have been notified of the date, time and place of the mediation.

Date: _____

Signature: _____

Print Name: _____

**Complete this form and email to adrweb@contracosta.courts.ca.gov,
 Fax (925) 957-5689 or mail: ADR Program, P.O. BOX 911, Martinez, CA 94553**