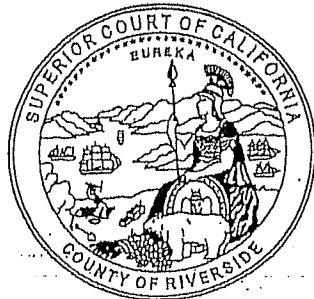


SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE



NOTICE OF CIVIL CASE MANAGEMENT RULES

SERVICE: Unless otherwise permitted by the court, the plaintiff must serve each defendant with the complaint and a copy of this Notice of Civil Case Management Rules, the Notice of Assignment and the Alternative Dispute Resolution (ADR) packet. The plaintiff must file proof of service within 60 days of the filing of the complaint. If the complaint is amended to add a new defendant, the plaintiff must serve the defendant (as described above) and subsequently file proof of service within 30 days of the filing of the amended complaint.

Upon the filing of a cross-complaint, the cross-complainant must serve each new party with the cross-complaint and a copy of this Notice of Civil Case Management Rules, Notice of Assignment, and the Alternative Dispute Resolution (ADR) packet. The cross-complainant must file proof of service within 30 days of the filing of the cross-complaint. If a party has previously appeared in the action, a proof of service must accompany the cross-complaint at the time of filing.

DEFAULT: If a responsive pleading is not filed and served within the specified time, the plaintiff must file a Request for Entry of Default no later than 10 days after the responsive pleading was due.

CASE MANAGEMENT CONFERENCE: Parties must meet and confer, in person or by telephone, at least 30 days before the Case Management Conference. No later than 15 days prior to the Case Management Conference, each party must file a Case Management Statement with the Court and serve it on all parties in the action. Parties are encouraged to file a joint Case Management Statement, in lieu of each party filing a separate statement. Parties must use the mandatory Case Management Statement (Judicial Council form CM-110). Each party who has appeared in the action must be present at the Case Management Conference.

SANCTIONS: The Court may impose monetary sanctions if a party fails to comply with these requirements or any other state or local rules.

PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	CASE NUMBER: _____
--	-----------------------

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: _____
--	-----------------------

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 (<i>check all that apply</i>):	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 (<i>attach a copy of the parties' ADR stipulation</i>):
(1) Mediation	<input type="checkbox"/>	<input type="checkbox"/> Mediation session not yet scheduled <input type="checkbox"/> Mediation session scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete mediation by (<i>date</i>): <input type="checkbox"/> Mediation completed on (<i>date</i>):
(2) Settlement conference	<input type="checkbox"/>	<input type="checkbox"/> Settlement conference not yet scheduled <input type="checkbox"/> Settlement conference scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete settlement conference by (<i>date</i>): <input type="checkbox"/> Settlement conference completed on (<i>date</i>):
(3) Neutral evaluation	<input type="checkbox"/>	<input type="checkbox"/> Neutral evaluation not yet scheduled <input type="checkbox"/> Neutral evaluation scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete neutral evaluation by (<i>date</i>): <input type="checkbox"/> Neutral evaluation completed on (<i>date</i>):
(4) Nonbinding judicial arbitration	<input type="checkbox"/>	<input type="checkbox"/> Judicial arbitration not yet scheduled <input type="checkbox"/> Judicial arbitration scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete judicial arbitration by (<i>date</i>): <input type="checkbox"/> Judicial arbitration completed on (<i>date</i>):
(5) Binding private arbitration	<input type="checkbox"/>	<input type="checkbox"/> Private arbitration not yet scheduled <input type="checkbox"/> Private arbitration scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete private arbitration by (<i>date</i>): <input type="checkbox"/> Private arbitration completed on (<i>date</i>):
(6) Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/> ADR session not yet scheduled <input type="checkbox"/> ADR session scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete ADR session by (<i>date</i>): <input type="checkbox"/> ADR completed on (<i>date</i>):

PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT:	CASE NUMBER:
---	--------------

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: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> DEFENDANT/RESPONDENT:	CASE NUMBER:
---	--------------

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.



SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
www.riverside.courts.ca.gov

Self-represented parties: <http://riverside.courts.ca.gov/selfhelp/self-help.shtml>

**ALTERNATIVE DISPUTE RESOLUTION (ADR) –
INFORMATION PACKAGE**

(California Rules of Court, Rule 3.221; Local Rule, Title 3, Division 2)

***** THE PLAINTIFF MUST SERVE THIS INFORMATION PACKAGE
ON EACH PARTY WITH THE COMPLAINT. *****

What is ADR?

Alternative Dispute Resolution (ADR) is a way of solving legal disputes without going to trial. The main types are mediation, arbitration and settlement conferences.

Advantages of ADR:

- ✎ Faster: ADR can be done in a 1-day session within months after filing the complaint.
- ✎ Less expensive: Parties can save court costs and attorneys' and witness fees.
- ✎ More control: Parties choose their ADR process and provider.
- ✎ Less stressful: ADR is done informally in private offices, not public courtrooms.

Disadvantages of ADR:

- ✎ No public trial: Parties do not get a decision by a judge or jury.
- ✎ Costs: Parties may have to pay for both ADR and litigation.

Main Types of ADR:

Mediation: In mediation, the mediator listens to each person's concerns, helps them evaluate the strengths and weaknesses of their case, and works with them to create a settlement agreement that is acceptable to everyone. If the parties do not wish to settle the case, they go to trial.

Mediation may be appropriate when the parties:

- ✎ want to work out a solution but need help from a neutral person; or
- ✎ have communication problems or strong emotions that interfere with resolution; or
- ✎ have a continuing business or personal relationship.

Mediation is not appropriate when the parties:

- ✎ want their public "day in court" or a judicial determination on points of law or fact;
- ✎ lack equal bargaining power or have a history of physical/emotional abuse.

Arbitration: Arbitration is less formal than trial, but like trial, the parties present evidence and arguments to the person who decides the outcome. In "binding" arbitration the arbitrator's decision is final; there is no right to trial. In "non-binding" arbitration, any party can request a trial after the arbitrator's decision. The court's mandatory Judicial Arbitration program is non-binding.

Arbitration may be appropriate when the parties:

- ⌘ want to avoid trial, but still want a neutral person to decide the outcome of the case.

Arbitration is not appropriate when the parties:

- ⌘ do not want to risk going through both arbitration and trial (Judicial Arbitration)
- ⌘ do not want to give up their right to trial (binding arbitration)

Settlement Conferences: Settlement conferences are similar to mediation, but the settlement officer usually tries to negotiate an agreement by giving strong opinions about the strengths and weaknesses of the case, its monetary value, and the probable outcome at trial. Settlement conferences often involve attorneys more than the parties and often take place close to the trial date.

RIVERSIDE COUNTY SUPERIOR COURT ADR REQUIREMENTS

ADR Information and forms are posted on the ADR website: <http://riverside.courts.ca.gov/adr/adr.shtml>

General Policy:

Parties in most general civil cases are expected to participate in an ADR process before requesting a trial date and to participate in a settlement conference before trial. (Local Rule 3200)

Court-Ordered ADR:

Certain cases valued at under \$50,000 may be ordered to judicial arbitration or mediation. This order is usually made at the Case Management Conference. See the "Court-Ordered Mediation Information Sheet" on the ADR website for more information.

Private ADR (for cases not ordered to arbitration or mediation):

Parties schedule and pay for their ADR process without Court involvement. Parties may schedule private ADR at any time; there is no need to wait until the Case Management Conference. See the "Private Mediation Information Sheet" on the ADR website for more information.

BEFORE THE CASE MANAGEMENT CONFERENCE (CMC), ALL PARTIES MUST:

1. Discuss ADR with all parties at least 30 days before the CMC. Discuss:
 - ⌘ Your preferences for mediation or arbitration.
 - ⌘ Your schedule for discovery (getting the information you need) to make good decisions about settling the case at mediation or presenting your case at an arbitration.
2. File the attached "Stipulation for ADR" along with the Case Management Statement, if all parties can agree.
3. Be prepared to tell the judge your preference for mediation or arbitration and the date when you could complete it.

(Local Rule 3218)

RIVERSIDE COUNTY ADR PROVIDERS INCLUDE:

- ⌘ The Court's Civil Mediation Panel (available for both Court-Ordered Mediation and Private Mediation). See <http://adr.riverside.courts.ca.gov/adr/civil/panelist.php> or ask for the list in the civil clerk's office, attorney window.
- ⌘ Riverside County ADR providers funded by DRPA (Dispute Resolution Program Act):
Dispute Resolution Service (DRS) Riverside County Bar Association: (951) 682-1015
Dispute Resolution Center, Community Action Partnership (CAP): (951) 955-4900

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE <input type="checkbox"/> Banning - 135 N. Alessandro Road, Banning, CA 92220 <input type="checkbox"/> Hemet - 880 N. State Street, Hemet, CA 92543 <input type="checkbox"/> Indio - 46-200 Oasis Street, Indio, CA 92201 <input type="checkbox"/> Riverside - 4050 Main Street, Riverside, CA 92501 <input type="checkbox"/> Temecula - 41002 County Center Drive, Bldg. C - Suite 100, Temecula, CA 92591	
PLAINTIFF(S): _____ DEFENDANT(S): _____	CASE NUMBER: _____
STIPULATION FOR ALTERNATIVE DISPUTE RESOLUTION (ADR) (CRC 3.2221; Local Rule, Title 3, Division 2)	
CASE MANAGEMENT CONFERENCE DATE(S): _____	

Court-Ordered ADR:

Eligibility for Court-Ordered Mediation or Judicial Arbitration will be determined at the Case Management Conference. If eligible, the parties agree to participate in:

- Mediation
 Judicial Arbitration (non-binding)

Private ADR:

If the case is not eligible for Court-Ordered Mediation or Judicial Arbitration, the parties agree to participate in the following ADR process, which they will arrange and pay for without court involvement:

- Mediation
 Judicial Arbitration (non-binding)
 Binding Arbitration
 Other (describe): _____

Proposed date to complete ADR: _____.

SUBMIT THIS FORM ALONG WITH THE CASE MANAGEMENT STATEMENT.

PRINT NAME OF PARTY OR ATTORNEY <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	SIGNATURE OF PARTY OR ATTORNEY	DATE
PRINT NAME OF PARTY OR ATTORNEY <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	SIGNATURE OF PARTY OR ATTORNEY	DATE
PRINT NAME OF PARTY OR ATTORNEY <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	SIGNATURE OF PARTY OR ATTORNEY	DATE
PRINT NAME OF PARTY OR ATTORNEY <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	SIGNATURE OF PARTY OR ATTORNEY	DATE

Additional signature(s) attached

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- BANNING 135 N. Alessandro Rd., Banning, CA 92220
- HEMET 880 N. State St., Hemet, CA 92543
- RIVERSIDE 4100 Main St., Riverside, CA 92501

- INDIO 46-200 Oasis St., Indio, CA 92201
- TEMECULA 41002 County Center Dr., Bldg. C, Ste. 100, Temecula, CA 92591

RI-ADR02

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number and address</i>) Telephone No: _____ Fax No. (Optional): _____ E-Mail address (Optional): _____ Attorney for (Name): _____ PLAINTIFF: DEFENDANT:	<p align="center">FOR COURT USE ONLY</p> CASE NUMBER: _____ MEDIATION COMPLETION DATE: _____
RESPONSE TO NOTICE OF COURT-ORDERED MEDIATION (Local Rule 3273)	

This form must be filed and served with a proof of service on all parties and on any mediators named in 1(a) within **thirty (30) days** of the date stated on the "Notice of Court-Ordered Mediation" or the clerk will randomly assign a Civil Mediation Panel member to your case.

To select a Civil Mediation Panel member go to www.riverside.courts.ca.gov/adr/adr.shtml or to the civil clerk's office attorney window. Parties who select a mediator from another source should contact the court's ADR director at CourtADRDIRECTOR@riverside.courts.ca.gov

1(a). Parties Stipulate to a Mediator

The parties agree that _____ may serve as their mediator. **Do not submit this form unless the plaintiff or defendant has completed and initiated the following:**

- Plaintiff or Defendant has given this mediator the "Notice of Court-Ordered Mediation" AND
- Plaintiff or Defendant has confirmed that this mediator will accept this case AND
- Plaintiff or Defendant has served this form on this mediator.

OR

1(b). Random Assignment of a Mediator

The parties request that the clerk randomly assign a mediator from the following area of law:

- Business
- Employment
- Legal Malpractice
- Personal Injury
- Real Property
- No Preference

2. **The plaintiff will notify the mediator of the proposed location and 3 mediation dates/times that are acceptable to all parties.** Parties who fail to complete mediation by the completion date or who fail to appear at a scheduled mediation session are subject to an Order to Show Cause (OSC) and sanctions.
3. **The mediator, including private, non Civil Mediation Panel members, shall submit the "Mediator's Notice of Acceptance or Recusal" within 15 days of the date of this notice. The form is posted on the court's website at: <http://riverside.courts.ca.gov/localfrms/ri-adr03.pdf>**

Names and signatures of stipulating parties are as follows:

Date:

TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY

Information and forms are posted on the ADR website: www.riverside.courts.ca.gov/adr/adr.shtml

PROOF OF SERVICE BY MAIL

(Must be attached to the original document at time of filing)

Case No. _____

I, the undersigned, say: I am over the age of eighteen years and not a party to the within action or proceeding; that my residence or business address is: _____

That on the _____ day of _____, I served a copy of the paper to which this proof of service by mail is attached, **RESPONSE TO NOTICE OF COURT-ORDERED MEDIATION**, by depositing said copy enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Postal Service mail box at the city of _____ California, addressed as follows: _____

Mediator named in 1(a)

Name: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California

(SIGNATURE)

PROOF OF SERVICE BY MAIL FAX ELECTRONIC SERVICE

(Must be Attached to Original Document at Time of Filing)

Case No.: _____

I, the undersigned, say: I am over the age of eighteen years and not a party to the within action or proceeding. My residence or business address is _____, California.

The fax number from which I served the documents is (complete if service was by fax): _____

On the _____ day of _____, I served a copy of the paper to which this proof of service by mail is attached. **MEDIATOR'S NOTICE OF ACCEPTANCE OR RECUSAL TO COURT-ORDERED MEDIATION** as follows:

By United States mail. I deposited said copy enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Postal Service mail box at the City of _____, California, addressed as follows: _____

By fax transmission. Based on an agreement of the parties to accept service by fax transmission, I faxed the **Mediator's Notice of Acceptance or Recusal** to the persons listed at the fax numbers below. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached.

Names

Fax Numbers

By electronic service. Based on a agreement of the parties to accept service by electronic transmission, I caused the documents to be sent to the persons at the electronic notification addresses listed below:

Names

E-mail Addresses

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California.

(TYPE OR PRINT NAME)

(SIGNATURE)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-ADR04

STIPULATION RE FEE FOR ONGOING SERVICES FOR COURT-ORDERED MEDIATION
Local Rule, Title 3, Division 2
(Optional Form: DO NOT FILE WITH THE COURT)

Mediator's Name: _____

Plaintiff(s): _____

Defendant(s): _____

Case No.: _____ Mediation date(s): _____

The above mediator has agreed to provide three (3) hours of Court-Ordered Mediation services in this matter at no cost to the parties. Mediation services include one hour of pre-mediation services and two hours of mediation. The following parties agree to pay the mediator \$ _____ per hour or \$ _____ for additional time.

Payment will be made as follows:

[] Each party to pay an equal portion.

[] Other: _____

Dated: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PLAINTIFF)

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR DEFENDANT)

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR _____)

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR _____)

(TYPE OR PRINT NAME)

(SIGNATURE OF MEDIATOR)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- BANNING** 135 N. Alessandro Rd., Banning, CA 92220
- BLYTHE** 265 N. Broadway, Blythe, CA 92225
- HEMET** 880 N. State St., Hemet, CA 92543
- INDIO** 46-200 Oasis St., Indio, CA 92201

- MORENO VALLEY** 13800 Heacock St., Ste. D201, Moreno Valley, CA 92553
- RIVERSIDE** 4050 Main St., Riverside, CA 92501
- TEMECULA** 41002 County Center Dr., Ste. 100, Temecula, CA 92591

RI-ADR05

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: _____
CURRENT MEDIATION COMPLETION DATE: _____	
STIPULATION AND ORDER FOR CONTINUANCE OF COURT-ORDERED MEDIATION COMPLETION DATE Local Rule 3273L	

The parties stipulate to an extension of their Mediation Completion Date to _____ (Extension) must be less than 60 days from the current Mediation Completion Date.)

The complaint was filed on _____ and ordered to mediation on _____

Good cause exists for continuance as follows: _____

Dates and descriptions for all prior continuances in this case: _____

Dates and descriptions of scheduled future court hearings: _____

Dated: _____

(TYPE OR PRINT NAME)

(TYPE OR PRINT NAME)

(TYPE OR PRINT NAME)

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

(SIGNATURE OF PARTY OR ATTORNEY)

(SIGNATURE OF PARTY OR ATTORNEY)

(SIGNATURE OF PARTY OR ATTORNEY)

- Continuance granted. The new Mediation Completion Date is _____
- Continuance denied.
- Trial Setting Conference is scheduled for _____ At 8:30 a.m., Dept. 1.
- Other:
- Plaintiff to give notice to the mediator and all parties.

Date: _____
(JUDGE OF THE SUPERIOR COURT)

MEDIATOR'S FEE STATEMENT

This form is for members of the Civil Mediation Panel who provided a Court-Ordered Mediation pursuant to Local Rule, Title 3, Division 2. Please submit this form within ten (10) days of the mediation to the ADR Director:

Riverside County Superior Court, Historic Courthouse
4050 Main Street, Riverside, CA 92501

CourtADRDiretor@riverside.courts.ca.gov

For the latest information and current listing of telephone or fax numbers,
please visit the court's website at: www.riverside.courts.ca.gov

Mediator's Name: _____

Case No.: _____ Plaintiff(s): _____ Defendant(s): _____

Mediation Date(s): _____ Length of Session(s): _____

- I certify that I was the mediator in the above-entitled case and that I timely filed and served a Statement of Agreement or Nonagreement as set forth in CRC 3.895.
- I provided the Post-Mediation Survey form to the parties and attorneys in this case.
- The Mediator's Record of Service is attached.
- I request payment of \$150 for my services.

DATE: _____

Signature of Mediator

Print Name

***** BELOW FOR COURT USE ONLY *****

I certify that this fee application has been submitted in compliance with court policy and the Court Executive Office is hereby ordered to issue payment in the amount of \$150 payable to the above named person for services rendered in this case.

Amount Authorized \$ _____ Authorized by: _____

Date: _____ Phone #: _____

Accounting Codes
Fund 110001; GL 939101
Cost Center 335340
PECT 1220

ARBITRATOR'S FEE STATEMENT

Local Rules, Title 3, Division 2

Please submit this form to the ADR Director within ten (10) days of the Arbitration Award or the filing of the Notice of Settlement of Entire Case.

Riverside County Superior Court, Historic Courthouse
4050 Main Street, Riverside, CA 9250
CourtADRDirector@riverside.courts.ca.gov
For the latest information and current listing of telephone or fax numbers,
please visit the court's website at: www.riverside.courts.ca.gov

Arbitrator's Name: _____ Case No.: _____

Plaintiff(s): _____ Defendant(s): _____

I am submitting this fee statement requesting payment of \$150 for my services in conducting arbitration proceedings as follows:

Arbitration Date(s) and length of session(s): _____

Date the Award was filed: _____

OR

Notice of Settlement of Entire Case in lieu of Award. In response to the parties' request, I provided a settlement conference or mediation at the time scheduled for arbitration and the parties settled the entire case.

Date Notice of Settlement of Entire Case was filed: _____

Make check payable to:

Signature of Arbitrator

Name Personal or Business

Printed Name of Arbitrator

Mailing Address

Phone Number

City State Zip

*******BELOW IS FOR COURT USE ONLY*******

I certify that this fee application has been submitted in compliance with court policy and the Court Executive Office is hereby ordered to issue payment in the amount of \$150 payable to the above named person for services rendered in this case.

Amount Authorized \$ _____

Authorized by: _____

Printed Name: _____

Date: _____

Phone #: _____

Accounting Codes
Fund 110001
Cost Center 335340
PECT 1220
GL 939102

MEDIATOR'S RECORD OF SERVICE

This form is for members of the Civil Mediation Panel who provided a Court-Ordered Mediation pursuant to Local Rule, Title 3, Division 2. Please submit this form within ten (10) days of the mediation to the ADR Director:

Riverside County Superior Court, Historic Courthouse

4050 Main Street, Riverside, CA 92501

CourtADRDiretor@riverside.courts.ca.gov

For the latest information and current listing of telephone or fax numbers,
please visit the court's website at: www.riverside.courts.ca.gov

Mediator's Name: _____

If you are attaching a Mediator's Fee Statement you may skip to #1.

Case No.: _____
Plaintiff(s): _____ Defendant(s): _____
Mediation Date(s): _____

1. Civil Mediation Panel requirements: (Check all that apply):

- In return for the reduced-cost Straus Institute training, I agreed to provide
 10 3 Court-Ordered Mediations at no cost to the court. Count this as # ____.
- As a condition of membership on the Civil Mediation Panel, I agreed to provide 3 Court-Ordered Mediations per year at \$150 per case for the first 3 hours. Count this as Mediation # ____.
- I agreed to provide the court #__ Court-Ordered Mediations per __ month __ year. Count this as Mediation # ____.

2. I spent __ hour(s) preparing for this mediation session.

3. The parties reached a __ full resolution __ partial resolution __ no resolution.

4. The case did not fully resolve because (check all that apply):

- parties lacked essential information/failed to complete discovery
 motions were pending
 Arbitration or trial is more appropriate than mediation in this case.
 an essential person did not participate was not prepared lacked authority
 Other (explain without revealing confidential information): _____

5. Please rate the quality of service you received from the court concerning this mediation:

- Excellent Good Satisfactory Needs Improvement

Comments: