



SELECTION OF ADR PANEL MEMBER PRE-ADR DISCOVERY PLAN

SELECTION DUE DATE: _____

CASE NAME: _____ CASE NO: _____

Plaintiff / Plaintiff's counsel / Cross Complainant
(Person filing the lawsuit or counterclaim)

Defendant / Defense counsel / Cross Defendant
(Person being sued or countersued)

NAME: _____

NAME: _____

EMAIL: _____

EMAIL: _____

NAME: _____

NAME: _____

EMAIL: _____

EMAIL: _____

1. CHOOSE ADR PROCESS:

All counsel and parties listed above have agreed to the following ADR process:

- a. **Mediation** (Court-connected Private)
- b. **Arbitration** (Judicial Arbitration (non-binding) Private (non-binding) Private (binding))
- c. **Neutral case evaluation**

2. CHOOSE ADR PANEL MEMBER:

All counsel and parties listed above represent that _____ (panel member) **has been contacted, knows this is a court-connected case, and is willing to:**

- a. Be appointed as mediator, arbitrator, or neutral evaluator in this case, *and*
- b. Work with the parties to finish ADR before (ADR completion deadline.)

3. LIST PRE-ADR DISCOVERY PLAN:

All counsel and parties listed above have agreed to complete the following discovery BEFORE their first ADR session:

- a. Written discovery (Additional page(s) attached)
 - i. Interrogatories to: _____
 - ii. Request for Production of Documents to: _____
 - iii. Request for Admissions to: _____
 - iv. Independent Medical Evaluation of: _____
 - v. Other: _____
- b. Deposition of the following parties or witnesses: _____ (Additional page(s) attached)
- c. No pre-ADR discovery needed
- d. The parties also agree: _____

I _____ REPRESENT THAT ALL COUNSEL AND PARTIES TO THIS CASE AGREE WITH THE INFORMATION LISTED ABOVE, UNDERSTAND WE **MUST PAY THE PANEL MEMBER'S FEES ASSOCIATED WITH ADR SERVICES**, AND KNOW WE MAY BE SUBJECT TO SANCTIONS IF WE DO NOT, WITHOUT GOOD CAUSE, COMPLY WITH THE PRE-ADR DISCOVERY PLAN LISTED ABOVE.

Your Signature

Date

EMAIL THIS FORM TO: ADRWEB@contracosta.courts.ca.gov

OR FAX: 925-957-5689