

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA</b> MAILING ADDRESS: <b>P.O. BOX 911</b> CITY AND ZIP CODE: <b>MARTINEZ, CA 94553</b> BRANCH NAME: <b>MARTINEZ</b>	
CASE NAME: _____	
<b>NOTICE OF DATE, TIME AND PLACE OF MEDIATION</b>	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](mailto:adrweb@contracosta.courts.ca.gov),  
 Fax (925) 608-2109 or mail: ADR Program, P.O. BOX 911, Martinez, CA 94553**