

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (NAME AND ADDRESS)	TELEPHONE NUMBER:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> :		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
JUDGES ADR PROGRAM STIPULATION AND ORDER FORM		CASE NUMBER:

The parties and their attorneys stipulate that the claims in this action be submitted to the Judges ADR Program as a

- Mediation
- Settlement Conference.

It is further stipulated that the matter be submitted to the following Judge(s), in the following order:

- 1. The Hon. _____, Judge, Superior Court of California, County of Santa Clara; or
- 2. The Hon. _____, Judge, Superior Court of California, County of Santa Clara; or
- 3. A Judge of the Superior Court of California, County of Santa Clara assigned by the Civil Supervising Judge.

We estimate the trial will take _____ days.

Parties and counsel have read and agree to be bound by the Rules of the Judges ADR Program, and the Rules Court of the Superior Court of California, County of Santa Clara.

Date: _____

(Attorney for Plaintiff, or Self-Represented Plaintiff)

(Signature)

(Attorney for Defendant or Self-Represented Defendant)

(Signature)

(Attach Additional Signature Pages if Necessary)

ORDER ON REVERSE SIDE

ORDER:	CASE NUMBER:
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Application for Judges ADR is:

- Approved
- Denied

This case is submitted for

- Mediation
- Settlement Conference

to Judge _____, Department _____

Parties and/or counsel shall contact the ADR Judge within 10 calendar days for scheduling of the hearing.

Mediation/Settlement Status Review is set for _____, 20____, at _____ A.M./P.M. in Department _____.

The Case Management Conference set for _____, 20____, at _____ A.M./P.M. in Department _____ remains set is vacated.

IT IS SO ORDERED.

Date: _____

Judicial Officer