

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

BLYTHE 265 N. Broadway, Blythe, CA 92225  
 MURRIETA 30755-D Auld Rd, Murrieta, CA 92563

PALM SPRINGS 3255 E. Tahquitz Canyon Way, Palm Springs, CA 92262  
 RIVERSIDE 4050 Main St, Riverside, CA 92501

**RI-ADR02**

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

This form must be filed and served with a proof of service on all parties and on any mediators named in 1 within fifteen (15) days of the date stated on the "Notice of Court-Ordered Mediation," or the Civil Mediation Panel member listed on the Notice of Court-Ordered Mediation will be assigned to your case.

To select a Civil Mediation Panel member go to <http://adr.riverside.courts.ca.gov/adr/civil/panelist.php> or to the civil clerk's office attorney window.

**1. Parties Stipulate to a Mediator**

The parties agree that \_\_\_\_\_ may serve as their mediator. The mediator the parties stipulate to  is  is not listed on the court's panel as a 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.

**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.

Names and signatures of stipulating parties are as follows:

Date:

\_\_\_\_\_  
(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](http://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*

Name: \_\_\_\_\_

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

Executed on \_\_\_\_\_, at \_\_\_\_\_, California

\_\_\_\_\_  
(SIGNATURE)