ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
ACKNOWLEDGMENT OF CONFIDENTIALITY -- VOLUNTARY MEDIATION	CASE NUMBER:

(DO NOT FILE WITH THE COURT)

This form is provided to offer mediators a convenient means to inform participants of the applicable ethical and other rules.

The participants in the mediation proceeding of this case agree that:

1. The mediation proceeding will be confidential, in accordance with California Evidence Code sections 703.5 and 1115 through 1128.
2. This agreement does not affect the admissibility of a written settlement agreement reached as a result of this mediation proceeding in an action to enforce that settlement.
3. This agreement will not preclude a report of information to the ADR Administrator or an inquiry by the Administrator regarding complaints against a mediator pursuant to California Rules of Court, rules 3.850 through 3.863.

Date: _____ _____
Mediator

Date: _____ _____
Party

Date: _____ _____
Party

Date: _____ _____
Party

Date: _____ _____
Party

Date: _____ _____
Attorney for _____

Date: _____ _____
Attorney for _____

Date: _____ _____
Attorney for _____

Date: _____ _____
Attorney for _____

Date: _____ _____
Other Participant – Title: _____

Date: _____ _____
Other Participant – Title: _____

☐ Additional pages attached *(number)*: ____