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:	
NOTICE OF MEDIATOR ACCEPTANCE OR RECUSAL ☐ **Civil** ☐ **Probate, Trusts & Estates** ☐ **Family Law**	CASE NUMBER:

THIS NOTICE MUST BE FILED WITH THE COURT AND A COPY MAILED TO ALL PARTIES

I was assigned as the mediator in this case on _____.
(date)

☐ I accept my assignment as the mediator in this case.

☐ I am unable to accept my assignment as mediator in this case because:

Date: _____

_____
Mediator

_____
(type or print name of Mediator)