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:	
STIPULATION RE: VOLUNTARY MEDIATION ☐ **Civil** ☐ **Probate, Trusts & Estates** ☐ **Family Law**	CASE NUMBER:

All parties in the above-entitled case hereby stipulate to participate in a voluntary mediation program.

Voluntary mediation must be completed within 60 days from the date of referral to mediation

The parties agree to select a mediator and an alternate mediator from the Court's Civil/Family Law Mediation Panel List, which is located at www.napa.courts.ca.gov.

The parties agree to provide the mediator with a list of parties and attorneys in this case.

We understand that participating in voluntary mediation does not extend the time periods specified in California Rules of Court, rule 3.720 et seq. (case management rules), and California Rules of Court, rule 5.83 et seq. (family-centered case resolution).

Date: _____ _____
☐ Plaintiff/Petitioner ☐ Attorney for Plaintiff/Petitioner

Date: _____ _____
☐ Plaintiff/Petitioner ☐ Attorney for Plaintiff/Petitioner

Date: _____ _____
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Date: _____ _____
☐ Plaintiff/Petitioner ☐ Attorney for Plaintiff/Petitioner

Date: _____ _____
☐ Defendant/Respondent ☐ Attorney for Defendant/Respondent

Date: _____ _____
☐ Defendant/Respondent ☐ Attorney for Defendant/Respondent

Date: _____ _____
☐ Defendant/Respondent ☐ Attorney for Defendant/Respondent

Date: _____ _____
☐ Defendant/Respondent ☐ Attorney for Defendant/Respondent