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:	
VOLUNTARY MEDIATION COMPLETION REPORT ☐ **Civil** ☐ **Probate, Trusts and Estates** ☐ **Family Law**	CASE NUMBER:

MEDIATOR: THIS REPORT MUST BE FILED WITH THE COURT AND A COPY MAILED TO ALL PARTIES WITHIN TEN (10) DAYS OF COMPLETING THE MEDIATION PROCESS

1. The voluntary mediation session took place on _____ for a total of _____ hours.
(date(s))

2. The voluntary mediation process ended or resulted in:

☐ non agreement ☐ a partial settlement ☐ a settlement of the entire case

3. The session did not take place for the following reasons *(please specify without disclosing any confidential information)*:

Date: _____

_____
Mediator

_____
(type or print name of Mediator)