

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
CONSENT TO SERVE AND CERTIFICATION OF PRIVATE CHILD CUSTODY RECOMMENDING MEDIATOR	CASE NUMBER:

1. My name is

2. Pursuant to the order of court rendered on *(date)* _____, I hereby consent to serve as the private child custody recommending mediator in the above entitled action.

3. I agree to conduct the mediation in accordance with and shall comply with Family Code §§216, 1815 and 3160 through 3188, and the applicable provisions of California Rules of Court. I shall submit to the Court a written report and recommendations as to custody and/or visitation, and may submit such other recommendations as are authorized by Family Code §3183. I will be impartial, maintain appropriate levels of confidentiality, and shall function at the request of the Court and pursuant to court order.

CERTIFICATION

I certify that I meet the minimum qualifications required of a counselor of conciliation as provided in Family Code § 1815 and that I meet the continuing education requirements specified in Family Code § 1816.

Date:



(SIGNATURE OF PRIVATE CHILD CUSTODY RECOMMENDING MEDIATOR)