



SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

Alternative Dispute Resolution (ADR) Program

Hayward Hall of Justice · 24405 Amador Street · Hayward, CA 94544

Fax File: (510) 267-5727 · Phone: (510) 891-6055

Email: adrprogram@alameda.courts.ca.gov

*Note: It is required that **all** of the below fields be completed. Failure to do so could affect your selected mediator's ability to contact you in regards to scheduling purposes.*

File this mediator selection form via fax: (510) 267-5727 or by e-mail to adrprogram@alameda.courts.ca.gov

NOTICE OF MEDIATOR SELECTION FORM

Case Name: _____

Case No.: _____

Assigned Judge: _____

Dept.: _____

Plaintiff / Plaintiff's Counsel / Cross Complainant

Name: _____

Phone: _____

E-mail: _____

Address: _____

Defendant / Defense Counsel / Cross Defendant

Name: _____

Phone: _____

E-mail: _____

Address: _____

Name: _____

Phone: _____

E-mail: _____

Address: _____

Name: _____

Phone: _____

E-mail: _____

Address: _____

All counsel and parties to this case represent that _____ (mediator) has been contacted and is willing to:

- a. Accept this case for mediation as part of the Court Mediation Program,
- b. Mediate this case before _____ (mediation completion deadline).

I, _____ represent that all counsel and parties to this case agree with the selection of this mediator.

Your Signature

Date

Court Use Only: Parties opted for Private Mediation Court referred to Private Mediation