ATTORNEY OR PARTY WITHOUT AN ATTOR	NEY (name, state bar number, and address)	For Court Use Only
ATTORNET ORTAKTT WITHOUT AN ATTOR	(name, state our number, and address)	To court est only
TELEPHONE NO: ATTORNEY FOR (name):	FAX NO:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA		DA
	arch Street, Suite 5 a City, CA 95959	
Plaintiff/ Petitioner:		
Defendant:/ Respondent:		
STIPULATION AND ORDER TO PARTICIPATE IN ADR		DR Case Number
Pursuant to CRC §3.221, all pathe parties pursuant to a separa		tion of this case. Any ADR Services shall be paid for by
The parties further stipulate:		
□ That	be appointed as the mediator.	
A 11		
Address:		
City, State, Zip:		
Phone Number:		
□ That the court appoint a mediator.		
It is understood that the ADR I	nformation Form must be submitted	by the parties and counsel at the conclusion of the case.
Attorney(s) signing on behalf of	of their client(s) have been given the	authority to stipulate to mediation.
Date	Type or Print Name	Signature of Party or Attorney for Party
Date	Type of Trint Name	Signature of Farty of Attorney for Farty
Date	Type or Print Name	Signature of Party or Attorney for Party
Date	Type or Print Name	Signature of Party or Attorney for Party
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Doto	Type or Print Name	Signature of Douty on Attaches for Douts
Date APPROVED:	Type or Print Name	Signature of Party or Attorney for Party
MIKOVED.		
DATED:		JUDGE OF THE SUPERIOR COURT
		JUDGE OF THE SUPERIOR COURT