

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**BLYTHE** 265 N. Broadway, Blythe, CA 92225  
 **MURRIETA** 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563

**PALM SPRINGS** 3255 Tahquitz Canyon Way, Palm Springs, CA 92262  
 **RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-ADR002**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)     TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY     CASE NUMBER: _____  MEDIATION COMPLETION DATE: _____
PLAINTIFF/PETITIONER:   DEFENDANT/RESPONDENT:	
<b>RESPONSE TO NOTICE OF COURT-ORDERED MEDIATION</b> (Local Rule 3273)	

This form must be filed and served with a proof of service on all parties and on any mediators named in 1 within fifteen (15) days of the date stated on the "Notice of Court-Ordered Mediation," or the Civil Mediation Panel member listed on the Notice of Court-Ordered Mediation will be assigned to your case.

To select a Civil Mediation Panel member go to <http://adr.riverside.courts.ca.gov/civil/panelist.php> or to the civil clerk's office attorney window.

**1. Parties Stipulate to a Mediator**

The parties agree that \_\_\_\_\_ may serve as their mediator. The mediator the parties stipulate to  is  is not listed on the court's panel as a mediator.

**Do not submit this form unless the plaintiff or defendant has completed and initiated the following:**

- Plaintiff or  Defendant has given this mediator the "Notice of Court-Ordered Mediation" AND
- Plaintiff or  Defendant has confirmed that this mediator will accept this case AND
- Plaintiff or  Defendant has served this form on this mediator.

**2. The plaintiff will notify the mediator of the proposed location and 3 mediation dates/times that are acceptable to all parties.** Parties who fail to complete mediation by the completion date or who fail to appear at a scheduled mediation session are subject to an Order to Show Cause (OSC) and sanctions.

Names and signatures of stipulating parties are as follows:

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF ENTRY OF ORDER**

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):
  
2. I served a copy of the **Response to Notice of Court-Ordered Mediation** by enclosing it in a sealed envelope with postage fully prepaid and (*check one*):
  - a.  deposited the sealed envelope with the United States Postal Service.
  - b.  placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
  
3. The *Notice of Entry of Order* was mailed:
  - a. on (*date*): \_\_\_\_\_
  - b. from (*city and state*): \_\_\_\_\_
  
4. The envelope was addressed and mailed as follows:
 

<ol style="list-style-type: none"> <li>a. Mediator named on page 1, in item 1:  Street address:  City: State and zip:</li> </ol>	<ol style="list-style-type: none"> <li>c. Name of person served:  Street address:  City: State and zip:</li> </ol>
<ol style="list-style-type: none"> <li>b. Name of person served:  Street address:  City: State and zip:</li> </ol>	<ol style="list-style-type: none"> <li>d. Name of person served:  Street address:  City: State and zip:</li> </ol>

Names and addresses of additional persons served are attached.
  
5. Number of pages attached \_\_\_\_\_.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF DECLARANT)

\_\_\_\_\_  
(SIGNATURE)