

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101
- NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081

PLAINTIFF(S)

DEFENDANT(S)

JOINT REQUEST FOR ASSIGNED JUDGE MEDIATION

CASE NUMBER

This form is to be used by counsel, in cases where the parties have stipulated and ordered to participate in the Assigned Judge Mediation Program. The completed form is to be emailed to the Assigned Judge Mediation Coordinator at CivilMediation@sdcourt.ca.gov. **DO NOT FILE** this form with the clerk's office.

1. Persons with Settlement Authority

- a. Plaintiff Defendant Cross-Complainant Cross-Defendant

Name: _____

Email Address: _____

- b. Plaintiff Defendant Cross-Complainant Cross-Defendant

Name: _____

Email Address: _____

- c. Plaintiff Defendant Cross-Complainant Cross-Defendant

Name: _____

Email Address: _____

- d. Plaintiff Defendant Cross-Complainant Cross-Defendant

Name: _____

Email Address: _____

- e. Plaintiff Defendant Cross-Complainant Cross-Defendant

Name: _____

Email Address: _____

- f. Additional persons listed on attachment 1.

2. Description of Case

SHORT TITLE	CASE NUMBER
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By signing below, the attorneys/parties request that the matter be scheduled for Assigned Judge Mediation.

Date: _____

Type or print name

Signature

Date: _____

Type or print name

Signature

Date: _____

Type or print name

Signature

Date: _____

Type or print name

Signature

Date: _____

Type or print name

Signature

Additional signatures attached.