

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>):	FOR COURT USE ONLY
Telephone No.: _____ FAX No.: _____	
ATTORNEY FOR (Name): _____ Bar No. _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA 600 Administration Drive Santa Rosa, CA 95403 Telephone: (707) 521-6500	
PLAINTIFF(S)/PETITIONER(S):	
DEFENDANT(S)/RESPONDENT(S):	CASE NUMBER:

NOTICE OF SELECTION AS MEDIATOR IN COURT-CONNECTED MEDIATION
(Sonoma County Superior Court Local Rule 16)

Name of Mediator Selected: _____

PLEASE TAKE NOTICE that the above-referenced matter is subject to Sonoma County Superior Court Local Rule 16 (Rules Applicable to Alternative Dispute Resolution (ADR)). The parties have selected you to serve as the mediator in this matter. Sonoma County Superior Court has a voluntary, market rate mediation program. All mediations conducted in cases covered by Local Rule 16 are court-connected mediations and are subject to the provisions of California Rules of Court, Rules 3.850 et seq. It is your obligation to familiarize yourself with Local Rule 16 and California Rules of Court, Rules 3.850 et seq. before the mediation. **PLEASE NOTE:** you are required to have the parties complete an Attendance Sheet for Court-Program Mediation of Civil Case (Alternative Dispute Resolution) (Judicial Council form ADR-107) in accordance with California Rules of Court Rule 3.860. The form is available at the web site of the California Courts www.courtinfo.ca.gov.

In order to mediate this case, you must complete the acceptance below and sign it in the space provided. (See CRC 3.851 et. seq.) If you **are not** a member of the Sonoma County Superior Court Panel of Mediators, you must provide the completed Notice **with your original signature** to plaintiff (or to cross-complainant, if the Complaint has been dismissed), for filing and service as required by Local Rule 16.4. If **you are** a member of that Panel, you must file and serve copies as required by Local Rule 16.4, not less than five (5) days before commencement of the mediation.

If you are mediating a case referred to court-connected mediation, regardless of the date of the mediation, you are required to complete and return a Mediator's Questionnaire (Sonoma County Superior Court Local form CV-36) within five (5) days after completion or other termination of the mediation. The completed questionnaire should be sent to the ADR Program Coordinator at 3055 Cleveland Ave., Santa Rosa, CA 95403, or by fax to (707) 521-6756. The plaintiff should provide the Mediator's Questionnaire to you. The questionnaire is also available on the web site of the Sonoma County Superior Court www.sonoma.courts.ca.gov.

If you have any questions regarding your selection or service as a mediator in this matter or about the Sonoma County Superior Court ADR Program, please feel free to contact the ADR Program Coordinator at (707) 521-6511 or ADR@sonoma.courts.ca.gov.

MEDIATOR'S ACCEPTANCE

I, _____ hereby agree to mediate the above-captioned matter subject to
(print name)
the conditions stated in this notice.

Dated: _____
(Mediator's Signature)