

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and Address:</i>)	FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO 1130 'O' Street Fresno, California 93724-0002 (559) 457-2100	
PLAINTIFF/PETITIONER: _____	
DEFENDANT/RESPONDENT: _____	
STIPULATION REGARDING PARTICIPATION IN THE ALTERNATIVE DISPUTE RESOLUTION (ADR) FAMILY LAW MEDIATION PROGRAM	CASE NUMBER: _____

Instructions: Participation in the ADR Family Law Mediation Program is **voluntary**. Eligible cases shall receive up to 90 minutes of mediation at a **reduced fee rate**. In order to be eligible for the reduced fee session, this stipulation must be filed with the Court and a filed copy must be provided to the mediator selected from the Court's ADR Family Law Mediation panel.

(A list of panel mediators may be found at www.fresno.courts.ca.gov/alternative_dispute_resolution)

The parties stipulate to participating in the Alternative Dispute Resolution (ADR) Family Law Mediation Program.

The parties further stipulate that _____ has been selected as the mediator from the ADR Family Law Mediation Panel.

Mediator Info:

Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

Eligibility: Please note that not all cases may be suitable for the ADR Family Law Mediation Program. Cases with a history of domestic violence in the relationship may not be appropriate for participation in the program.

Please indicate below if there is a history of domestic violence in this matter and/or existing restraining orders between parties in the case.

- YES** - there is a known history of domestic violence/or existing restraining orders in place.
- NO** - there is no known history of domestic violence/or existing restraining orders between parties.

_____	_____	_____
Date	Type or Print Name	Signature of Petitioner or Attorney for Petitioner
_____	_____	_____
Date	Type or Print Name	Signature of Respondent or Attorney for Respondent