

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No.	<i>FOR COURT USE ONLY</i>
TELEPHONE NO. _____ FAX NO. (OPTIONAL) _____ EMAIL ADDRESS (Optional) _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 720 9 <sup>th</sup> Street, Room 102 MAILING ADDRESS: 720 9 <sup>th</sup> Street, Room 102 CITY AND ZIP CODE: Sacramento, CA 95814 BRANCH NAME: Gordon D. Schaber	
<b>PLAINTIFF:</b>	SETTLEMENT CONFERENCE DATE:
<b>DEFENDANT:</b>	
<b>DECLARATION AND REQUEST FOR EXEMPTION FROM MANDATORY SETTLEMENT CONFERENCE PROGRAM (Local Rule 2.80)</b>	CASE NUMBER:

Having participated in Mediation pursuant to Local Rule 2.74, the following party requests that the above-entitled matter be exempted from the Mandatory Settlement Conference Program:

REQUESTING PARTY TYPE/NAME: \_\_\_\_\_

DATE OF MEDIATION: \_\_\_\_\_

TYPE OF MEDIATION:     Court Mediation     Private Mediation

MEDIATOR: \_\_\_\_\_

**ORDER**

**The foregoing Declaration having been read and considered, and good cause appearing:**

- The Court vacates the scheduled Mandatory Settlement Conference.
- The Court orders that no Mandatory Settlement Conference shall be scheduled in this matter.
- Request for exemption from the Mandatory Settlement Conference Program is denied.
- It is further ordered that: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
**Judge of the Superior Court**