

|                                                                                                                                                                                                |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, Address, Telephone Number, and State Bar membership number):<br><br><br>FAX NO.:<br>PARTY WITHOUT ATTORNEY OR ATTORNEY FOR (Name):                   | COURT USE ONLY          |
| SUPERIOR COURT OF CALIFORNIA. COUNTY OF SACRAMENTO                                                                                                                                             |                         |
| <input type="checkbox"/> ESTATE OF(Name): <input type="checkbox"/> IN RE(Matter):<br><br><input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor | Case number:            |
| [ ] STIPULATION TO ALTERNATIVE DISPUTE RESOLUTION<br>[ ] and to SELECT ADR PROVIDER                                                                                                            | Date:<br>Time:<br>Dept: |

The parties hereby stipulate that this action shall be submitted to:

- |                                                          |                                                   |
|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Mediation                       | <input type="checkbox"/> Early Neutral Evaluation |
| <input type="checkbox"/> Non-Binding Arbitration         | <input type="checkbox"/> Binding Arbitration      |
| <input type="checkbox"/> Voluntary Settlement Conference | <input type="checkbox"/> Other _____              |

and that \_\_\_\_\_ shall be appointed as:

- |                                      |                                                        |
|--------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Mediator    | <input type="checkbox"/> Early Neutral Evaluation      |
| <input type="checkbox"/> Arbitrator  | <input type="checkbox"/> Settlement Conference "Judge" |
| <input type="checkbox"/> Other _____ |                                                        |

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Party

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Attorney for \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Party

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Attorney for \_\_\_\_\_

Signature(s) of additional party(ies) and attorneys on attachment(s).

**So Ordered on** \_\_\_\_\_

Date

Judge