

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER: RESPONDENT:	
STIPULATION FOR MEDIATION	CASE NUMBER: _____

1. Provide any of the following case numbers:
 Family Law: _____ Family Support: _____
 Domestic Violence: _____ Uniform Parentage Action: _____
2. A dispute exists between the above named parties concerning (check all that apply and provide a brief explanation): Custody Visitation Other
3. Date of last Mediation Report: ____/____/____.
4. Do you have a current Domestic Violence Restraining Order?
 Yes (If yes, attach copy)
 No

Please provide the following information. (Post Office Box if Domestic Violence is an issue.)

PETITIONER'S INFORMATION:	RESPONDENT'S INFORMATION:
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City State/Zip: _____	City State/Zip: _____
Home Phone: _____ Work Phone: _____	Home Phone: _____ Work Phone: _____
Relationship to child: _____	Relationship to child: _____
Language: _____	Language: _____
Attorney: _____	Attorney: _____

5. Any information I have provided above and any attachment to this request is furnished in good faith in the hope of settling the dispute. I declare under penalty of perjury that the foregoing is true and correct.

 PETITIONER SIGNATURE AND DATE

 RESPONDENT SIGNATURE AND DATE

6. **Notice of Mediation Appointment:**
 Superior Court, Family Law, Clerk's Office
 939 Main Street, Lower Level, El Centro, CA

Date: _____ **Time:** _____

 CLERK SIGNATURE