

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #)</i> :  STATE BAR NO: ATTORNEY FOR <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>
<b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
<p style="text-align: center;"><b>STIPULATION TO USE ALTERNATIVE DISPUTE RESOLUTION PROCESS</b></p>	CASE NUMBER:

The parties to the above action have stipulated that this case is submitted for Alternative Dispute Resolution to be decided at the Case Management Conference.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLAINTIFF'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESPONDENT'S SIGNATURE

*Distribution: Original - Court File*