

**ATTENDANCE SHEET FOR COURT-PROGRAM MEDIATION OF CIVIL CASE****SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

MEDIATOR:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

CASE NUMBER:

MEDIATION SESSION DATES:

Please provide your name, mailing address, telephone number, and e-mail address and indicate your role in the mediation so that the mediator or the court may contact you concerning this mediation if the need arises. This information will not be released or used for other purposes. (Multiple attendance sheets may be used to preserve the confidentiality of the participants' contact information.)

NAME AND MAILING ADDRESS	TELEPHONE AND E-MAIL	ROLE IN MEDIATION
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____
Name _____ Street _____ City _____ State _____ Zip Code _____	Phone (____) _____ - _____ E-mail _____	<input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance Representative <input type="checkbox"/> Other: _____

☐ Additional page(s) attached.