

<p>Court of Appeal Third Appellate District</p> <p>Appellate Case No: _____</p>	<p>TRIAL COURT CASE NUMBER</p> <hr/> <p>COUNTY: _____</p>
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)</p> <p>Telephone No: Attorney For: APPELLANT:</p> <p>RESPONDENT:</p>	<p>For Court Use Only</p>
<p>RESPONDENT'S CIVIL APPEAL MEDIATION STATEMENT</p>	

NOTE: Ten days after filing of the appellant's Civil Appeal Mediation Statement, respondent may serve and file its completed Civil Appeal Mediation Statement (Local Rule 1).

(USE ADDITIONAL SHEETS AS NECESSARY.)

1. Provide any additions or corrections to the statement of the case as set forth in the appellant's Civil Appeal Mediation Statement:

2. Respond briefly to the items identified by appellant as issues raised on appeal in the appellant's Civil Appeal Mediation Statement:

Date:

(Print or Type Name)

(Signature of Attorney)

***A proof of service of this document on all counsel, prior to filing, must be attached.

NOTES: Recognizing the appellate record has not yet been prepared and that counsel and parties may not yet be able to identify all appellate contentions, the Court will not deem an omission from this Statement to be a waiver or forfeiture of any claim on appeal.

This form is also online in fillable form at <http://www.courts.ca.gov/3140.htm>. Questions about the Appellate Mediation Program should be directed to the Appellate Mediation Coordinator at 916-643-7084. For general information about your appeal, please contact the clerk's office of the Third District Court of Appeal at 916-654-0209, or visit its web site at <http://www.courts.ca.gov/3dca.htm>; click on Court Programs, click on Mediation Program.