



# Court of Appeal Fourth Appellate District, Division One

## CONFIDENTIAL CIVIL MEDIATION REQUEST FORM

This request form will assist the court in selecting cases for mediation. For that reason, it is important this form be completed in detail. Most civil appeals pending before this court are eligible for mediation, with the exception of cases from Family Court, guardianships or conservatorships, sterilization cases, and cases involving self-represented litigants or governmental agencies.

Submit the completed form through the court's Electronic Filing System at  
<https://www.courts.ca.gov/4dca-efile.htm>

Case Name: \_\_\_\_\_

Court of Appeal Case No.: D \_\_\_\_\_ Date Notice of Appeal Filed: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email : \_\_\_\_\_

Attorney For: Appellant  Respondent

Name(s) of Client(s) \_\_\_\_\_

Trial Court Venue: \_\_\_\_\_

Name(s) of Trial Judge(s): \_\_\_\_\_

Date of Judgment or Order Appealed From: \_\_\_\_\_

FOR APPELLANT OR CROSS-APPELLANT ONLY - ATTACH A COPY OF THE VERDICT, ORDER, OR JUDGMENT APPEALED FROM.

1. Provide a brief description of the trial court disposition from which the appeal is taken:

**CONFIDENTIAL CIVIL MEDIATION QUESTIONNAIRE**

2. Provide a concise statement of the case, including a brief procedural history and a recitation of facts material to disposition of the issues to be decided on appeal:

3. List Issues to be raised in the briefs on the appeal or cross-appeal:

ATTACH ADDITIONAL SHEETS AS NECESSARY

\_\_\_\_\_  
Print Name of Party or Attorney Submitting Form

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

For questions or assistance, please contact the Civil Mediation Coordinator  
Fourth District Court of Appeal, Division One  
Email: [4DCA1ContactUs@jud.ca.gov](mailto:4DCA1ContactUs@jud.ca.gov)  
Phone: (619) 744-0760