

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

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