

ADR NEUTRAL (Name and address) TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED 627 W. 21 st , Street Merced, CA 95340 (209) 725-4111	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	
<p style="text-align: center;">EARLY MEDIATION PROGRAM (EMP) STATEMENT OF SETTLEMENT STATUS FORM (and REQUEST FOR PAYMENT)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(Check one): <input type="checkbox"/> UNLIMITED CASE (Amount demanded exceeds \$25,000)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> LIMITED CASE (Amount demanded is \$25,000 or less)</p> </div> </div> <div style="float: right; width: 45%;"> <p>CASE NUMBER: _____</p> <hr/> <p>Assigned Judge: _____</p> <p>Case Category (please circle): I II III</p> </div>	

PLEASE NOTE:

THIS FORM IS TO BE SENT OR FAXED TO **THE ADR OFFICE (ONLY)** WITHIN 5 DAYS OF THE CONCLUSION OF THE MEDIATION.
DO NOT FILE THIS FORM WITH THE CIVIL CLERK'S OFFICE.

Case Name: _____

Case Number: _____

Mediation took place on the following date(s): _____

Mediation Proceedings lasted a total of _____ hours.

Mediation resulted in:

- Full Agreement by all Parties
- Partial Agreement as to the following Parties: _____
- Non-Agreement

REQUEST FOR PAYMENT

As attested by my signature below, I mediated the above case as indicated above. As such, I request the Court forward the \$300 stipend for my ADR Services rendered at the Mediation to my office above.

Dated: _____ Signed: _____

Print Name: _____

Approved for Payment by Superior Court ADR Supervisor: _____