

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**

- CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101
- NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081

PLAINTIFF(S)

DEFENDANT(S)

**JOINT REQUEST FOR ASSIGNED JUDGE MEDIATION**

CASE NUMBER

This form is to be used by counsel, in cases where the parties have stipulated and ordered to participate in the Assigned Judge Mediation Program. The completed form is to be emailed to the Assigned Judge Mediation Coordinator at [CivilMediation@sdcourt.ca.gov](mailto:CivilMediation@sdcourt.ca.gov). **DO NOT FILE** this form with the clerk's office.

**1. Independent Calendar Judge:** \_\_\_\_\_

**2. Trial Date:** \_\_\_\_\_

**3. Persons with Settlement Authority**

- a.  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Party Name: \_\_\_\_\_

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

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

- b.  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Party Name: \_\_\_\_\_

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

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

- c.  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Party Name: \_\_\_\_\_

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

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

- d.  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Party Name: \_\_\_\_\_

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

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

- e.  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Party Name: \_\_\_\_\_

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

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

- f.  Additional persons listed on attachment 3.

**4. Does settlement require approval of additional parties not listed above?**

Yes. Name(s): \_\_\_\_\_

No.

SHORT TITLE	CASE NUMBER
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**5. Description of Case**

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By signing below, the attorneys/parties request that the matter be scheduled for Assigned Judge Mediation.

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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Type or print name

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Signature

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

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Signature

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

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Type or print name

\_\_\_\_\_  
Signature

Additional signatures attached.