

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

TELEPHONE:
FAX NO. (Optional):
ATTORNEY FOR (Name):

FOR COURT USE ONLY

**DO NOT
SEND THIS
FORM TO
THE COURT**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

- Butte County Courthouse
One Court Street, Oroville, CA 95965
(530) 532-7002
- North Butte County Courthouse
1775 Concord Avenue, Chico, CA 95928
(530) 532-7002

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER:

MEDIATION STATEMENT

CASE NUMBER:

PARTIES MUST PREPARE AND GIVE INFORMATION ABOUT THEIR CASE TO THE MEDIATOR AND THE OTHER PARTIES AT LEAST FIVE (5) COURT DAYS BEFORE THE MEDIATION HEARING. YOU MAY USE THIS FORM OR WRITE THE INFORMATION ON YOUR OWN PAPER. MEDIATION STATEMENTS MUST BE FIVE (5) PAGES OR LESS.

1. The name and title (or relationship to the case) of all people who will attend mediation are as follows:

_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)

More information attached to this form

2. People who are connected with this case or who, if present at mediation, might improve the chance of settlement are:

_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)

More information attached to this form

3. The important issues in this case are as follows:

More information attached to this form

4. I believe that the liability and damages in this case are as follows:

More information attached to this form

5. Narrowing or resolving these issues early would make it easier to settle this case:

More information attached to this form

6. Summary of the history of this case and any settlement discussions:

More information attached to this form

7. I have attached the following documents to help the mediator better understand the issues in dispute:

More information attached to this form

8. Other comments:

More information attached to this form

Date: _____

(PRINT NAME OF PARTY SUBMITTING THIS STATEMENT)



(SIGNATURE OF PARTY SUBMITTING THIS STATEMENT)