ATTORNEY OF PARTY WITHOUT ATTORNEY (Name State Regimmers and address)	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
PLAINTIFF(S)	
DEFENDANT(S)	
MEDIATOR SELECTION FORM	CASE NUMBER
Dept.: Date:	
Assigned Judge:	
Date of Case Management Conference (CMC) or Stipulation and Order to mediate:	
(SDSC Form #CIV-359) or other written stipulation to mediate must be filed with the court <i>prior</i> to the assignment of a mediator.	
Number of days given by the court to complete the mediation:	
Primary Mediator:	
Alternate Mediator:	nay be automatically assigned to the case.
I, (insert name), certify that the above information is correct, that I have discussed the primary and alternate mediator selection with all parties and/or counsel in the case, and that we have agreed upon the primary and alternate selections as stated above.	
Signature: NOTE: If you are submitting this form by e-mail, type your full name in the space provided, which will constitute your electronic signature with the same force and effect as your manual signature.	
Contact telephone number during business hours: ( ) -	
DO NOT MAIL OR FAX THIS FORM.	
WITHIN FIVE (5) COURT DAYS FOLLOWING THE CMC, OR AT ANY TIME PRIOR TO THE CMC, YOU MUST EITHER:	
(1) EMAIL THE COMPLETED FORM TO: <u>adr@sdcourt.ca.gov</u> . INCLUDE THE CASE NUMBER AND ASSIGNED JUDGE IN THE SUBJECT LINE OF YOUR EMAIL.	
<u>OR</u>	
(2) HAND-DELIVER THE COMPLETED FORM TO THE APPROPRIATE COURT LOCATION:	
- Central Division - Civil Business Office, 330 W. Broadway, Room 225, San Diego, CA 92101	

-North County Division - Civil Business Office, 325 S. Melrose Drive, Vista, CA 92081