ATTENDANCE SHEET FOR COL	JRT-PROGRAM MEDIATION OF CIV	IL CASE
— SUPERIOR COURT OF CALIFORNIA, COUN	ITY OF	
MEDIATOR:		
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
CASE NUMBER:	MEDIATION SESSION DATES:	
Please provide your name, mailing address, telephone no mediator or the court may contact you concerning this me other purposes. (Multiple attendance sheets may be used	ediation if the need arises. This information	n will not be released or used for
NAME AND MAILING ADDRESS	TELEPHONE AND E-MAIL	ROLE IN MEDIATION
Name	Phone ()	Party Attorney
Street	E-mail	Insurance Representative
City State Zip Code		Other:
Name	Phone ()	Party Attorney
Street	_	Insurance Representative
City State Zip Code	-	Other:
Name	Phone ()	Party Attorney
Street	_	Insurance Representative
City State Zip Code		Other:
Name	- Phone ()	Party Attorney
Street	_	Insurance Representative
	-	Other:
City State Zip Code	<u> </u>	
Name	- Phone ()	Party Attorney
Street	E-mail	Insurance Representative
City State Zip Code		Other:
Name	Phone ()	Party Attorney
Street	- E-mail	Insurance Representative
City State Zip Code		Other:
on, State Zip Gode		□ p _{art.} □ ₄
Name	- Phone ()	Party Attorney
Street	E-mail	Insurance Representative
City State Zip Code	-	Other:
Additional page(s) attached.	•	