

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PLAINTIFF: DEFENDANT:	
CMADDRESS CASE MANAGEMENT ADR SETTLEMENT SESSION REPORT	CASE NUMBER:

The Court assigned this case to a Case Management ADR Settlement Session (CMADDRESS) after determining that the value of the case was over \$ 50,000.00. The Court ordered that the CMADDRESS should occur before _____.

The Court further ordered a status Case Management Conference on _____ to confirm that the CMADDRESS was completed by the required date.

A facilitator, _____, was assigned by the CADRe director to conduct the CMADDRESS.

The parties met with the facilitator on _____. The CMADDRESS lasted _____ hours.

- All parties**, except defendants who are fully insured and are represented by a claims representative for their insurance carrier and who do not have to consent to a settlement, were present with their attorneys for the conference.
- The parties were apprised of the various appropriate dispute resolution options that are available.
- The parties discussed with the facilitator the nature of their case, including the factual and legal issues, and the attendant costs of discovery and trial.
- The parties chose not to mediate the case with the facilitator at CMADDRESS.
- The case settled at CMADDRESS.
- The parties agreed to additional mediation with the facilitator or another mediator.
- The parties intend, **by filing a stipulation**, to seek changes to the court dates set at the CMC.

Dated: _____

Facilitator

Attorney for Plaintiff

Attorney for Defendant

Insert Case Name:	CASE NUMBER:
-------------------	--------------

CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown, and that the mailing of the foregoing and execution of this certificate occurred at _____ , California, on the below date.

Dated: _____ , Facilitator