| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)   | For Court Use Only |
|--|--------------------|
|  |                    |
| TELEPHONE NO: FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):   |                    |
| San Mateo Superior Court, Hall of Justice  |                    |
| 400 County Center<br>Redwood City, CA 94063  |                    |
| PLAINTIFF/PETITIONER:  |                    |
| DEFENDANT/RESPONDENT:  |                    |
| STIPULATION FOR APPOINTMENT OR REMOVAL OF MEDIATOR (FAMILY LAW)  | CASE NUMBER:       |
| We, the undersigned, have elected to participate in collaborative law, or mediation, to resolve our case and grant remote access of the case file to the mediator. |                    |
| □ We hereby stipulate to, as mediator.   |                    |
| Mediator Name Address  |                    |
|  |                    |
| Phone NumberBar Number   |                    |
| I, the undersigned, have elected to no longer participate in collaborative law, or mediation, to resolve our case.   |                    |
| □ I hereby remove as mediator.   |                    |
| I, the undersigned, am no longer providing services as Mediator in this matter.  |                    |
| ☐ I hereby remove myself as mediator.  |                    |
|  |                    |
| Dated:   |                    |
| TYPE OR PRINT NAME   | SIGNATURE          |
| Dated:   |                    |
| TYPE OR PRINT NAME   | SIGNATURE          |