

**MEDIATION COORDINATOR'S
CIVIL APPEAL MEDIATION PROGRAM
COURT OF APPEAL, THIRD APPELLATE DISTRICT
MEDIATION ATTENDANCE SHEET**

PURSUANT TO LOCAL RULE 1(d)(12), LOCAL RULE 1(f), AND CALIFORNIA RULES OF COURT, RULE 1622, ALL PARTICIPANTS (PARTIES, COUNSEL AND PARTY-REPRESENTATIVES) IF APPLICABLE, TO THE MEDIATION SESSION HELD MUST SIGN IN BELOW.

Date of Mediation: _____ Case Caption: _____

Mediator's Name: _____ Phone No.: _____

PARTIES

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

ATTORNEYS

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

Name: _____

Business Address: _____

Representing: _____

*Please note: If your client has insurance coverage applicable to any issues in the case, in addition to your client, representatives of **all** insurance carriers whose policies **may** apply must also be present. Attending insurance carrier representatives **must** have full authority to make all decisions relative to the policy including, if necessary and appropriate, to commit the full policy limits toward a disposition of this case.

Please indicate whether an insurance carrier is applicable to your case by checking “yes” or “no” and provide your signature below. If “yes” please provide the insurance carrier’s information below.

Yes _____ No _____ Signature of Counsel: _____

Yes _____ No _____ Signature of Counsel: _____

OTHER PARTY REPRESENTATIVES

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

Name: _____

Address: _____

Representing: _____

IMPORTANT: To maintain confidentiality, please return the signed Mediation Session Sign-In Sheet to the Appellate Mediation Coordinator. Please use additional pages if necessary.