ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):		FOR COURT USE ONLY
Telephone No.: E-Mail Address (Optional): ATTORNEY FOR <i>(Name)</i> :	Fax No. (Optional): Bar No:	
SUPERIOR COURT OF CALI JUSTICE CENTER: Central - 700 Civic Center Dr. V Civil Complex Center - 751 W. Harbor-Newport Beach Facility	FORNIA, COUNTY OF ORANGE Vest, Santa Ana, CA 92701-4045 Santa Ana Blvd., Santa Ana, CA 92701-4512 - 4601 Jamboree Rd.,Newport Beach, CA 92660-2595 P. O. Box 5000, Fullerton, CA 92838-0500	
PLAINTIFF / PETITIONER:		CASE NUMBER:
DEFENDANT / RESPONDEN	Т:	
MANDATOR	FOR LITIGANT PAID FEES FOR Y ARBITRATION PROGRAM ed Civil Unlimited Civil	Case assigned to: Judge: Department: Date complaint filed: Hearing/trial date:
This case is governed by this st	ipulation:	
☐ to be divided e	150.00 arbitrator fees (check one box): qually among parties.	
, 20 Fees to be considered a	d to Arbitration Administration, with this executed st Should Arbitrator fees exceed \$150.00; partes an an item of costs. An Arbitrator will be appointed only er to Show Cause/Trial Setting Conference date will at hearing.	d counsel agree to pay additional fees. after payment of fees in full. The Pos
2. □ Plaintiff □ Defendar	at to serve a conformed copy of this stipulation on al	I parties.
Ana, CA 92701, with the require	secuted and filed directly with Arbitration Administration ded fees. Checks to be made pay able to "Clerk of the Failure to file by the above date will cause the arbitr	e Court." This stipulation will only be
Date:	TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY	SIGNATURE OF ATTORNEY PARTY WITHOUT ATTORNEY
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