

ADR NEUTRAL NAME, ADDRESS, TELEPHONE, FAX AND EMAIL:	FOR COURT USE ONLY
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
STIPULATION RE FEE FOR ON-GOING SERVICES ALTERNATIVE DISPUTE RESOLUTION (ADR) SESSION Mediation Neutral Evaluation	CASE NUMBER:

(DO NOT FILE WITH THE COURT)

The following parties agree to the direct payment of ADR fees to the neutral selected in this action to continue to act in his or her capacity at the rate of \$ _____ per hour.

Payment will be made as follows:

Each side to pay an equal portion.

Other: _____

Dated: _____

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PLAINTIFF)

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR DEFENDANT)

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF NEUTRAL)

**STIPULATION RE FEE FOR ON-GOING SERVICES
ALTERNATIVE DISPUTE RESOLUTION (ADR) SESSION**