ALA ADR-003

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS*:* ATTORNEY FOR *(Name):*	

SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY

STREET ADDRESS:

MAILING ADDRESS: CITY

AND ZIP CODE: BRANCH

NAME

PLAINTIFF or PETITIONER:

DEFENDANT or RESPONDENT:

NOTICE OF DISCOVERY FACILITATOR SELECTION FORM	CASE NUMBER:

INSTRUCTIONS: Prior to filing this notice, one of the parties or their attorney must contact a discovery facilitator to verify that the facilitator has no conflicts and agrees to facilitate the matter by the discovery facilitation deadline. Parties or their attorneys must identify the case to the facilitator as a Superior Court of California, County of Alameda, Discovery Facilitation Program referral in order to qualify for program rates. All applicable boxes must be completed, and the specified information must be provided.

E-mail completed and signed form to the Alternative Dispute Resolution program at the following address: *adrprogram@alameda.courts.ca.gov*

Name of discovery facilitator selected:

E-mail address of discovery facilitator selected:

Parties or attorneys state that:

a. They have contacted the above-mentioned discovery facilitator;

b. They have identified the matter to the facilitator as a Superior Court of California, County of Alameda, Discovery Facilitation Program referral; and

c. The facilitator has agreed to accept the case, serve according to the rules of the court's Discovery Facilitation Program, and complete the facilitation before_____(the completion deadline).

I,_____, certify that all counsel and parties to this matter have complied with the above-listed instructions and agree with the selection of this facilitator.

Date:

▶

_____   _____

(TYPE OR PRINT NAME)   (SIGNATURE)