

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b> STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PLAINTIFF:  DEFENDANT:	
<b>CMADDRESS CASE MANAGEMENT ADR SETTLEMENT SESSION REPORT</b>	CASE NUMBER:

The Court assigned this case to a Case Management ADR Settlement Session (CMADDRESS) after determining that the value of the case was over \$50,000.00. The Court ordered that the CMADDRESS should occur before \_\_\_\_\_.

The Court further ordered a status Case Management Conference on \_\_\_\_\_ to confirm that the CMADDRESS was completed by the required date.

A facilitator, \_\_\_\_\_, was assigned by the CADRe director to conduct the CMADDRESS.

The parties met with the facilitator on \_\_\_\_\_. The CMADDRESS lasted \_\_\_\_\_ hours.

**All parties**, except defendants who are fully insured and are represented by a claims representative for their insurance carrier and who do not have to consent to a settlement, were present with their attorneys for the conference.

The parties were apprised of the various appropriate dispute resolution options that are available.

The parties discussed with the facilitator the nature of their case, including the factual and legal issues, and the attendant costs of discovery and trial.

The parties chose not to mediate the case with the facilitator at CMADDRESS.

The case settled at CMADDRESS.

The parties agreed to additional mediation with the facilitator or another mediator.

The parties intend, **by filing a stipulation**, to seek changes to the court dates set at the CMC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Attorney for Plaintiff

\_\_\_\_\_  
Attorney for Defendant

<i>Insert Case Name:</i>	CASE NUMBER:
--------------------------	--------------

**CERTIFICATE OF SERVICE**

I certify that I am not a party to this cause and that a true copy of the foregoing was:

- Mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at \_\_\_\_\_, California, on the below date.
- Personally delivered to the persons at the addresses as shown below.
- Electronically served to the persons at the addresses as shown below.

Dated: \_\_\_\_\_, \_\_\_\_\_, Facilitator