

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA</b> STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>VOLUNTARY MEDIATION COMPLETION REPORT</b> <b>Civil    Probate, Trusts and Estates    Family Law</b>	CASE NUMBER: _____

**MEDIATOR: THIS REPORT MUST BE FILED WITH THE COURT AND A COPY MAILED TO ALL PARTIES WITHIN TEN (10) DAYS OF COMPLETING THE MEDIATION PROCESS**

1. The voluntary mediation session took place on \_\_\_\_\_ for a total of \_\_\_\_\_ hours.  
*(date(s))*
  
2. The voluntary mediation process ended or resulted in:  
non agreement    a partial settlement    a settlement of the entire case
  
3. The session did not take place for the following reasons *(please specify without disclosing any confidential information)*:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Mediator*

\_\_\_\_\_  
*(type or print name of Mediator)*