

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
<p style="text-align: center;">ACKNOWLEDGMENT OF CONFIDENTIALITY -- VOLUNTARY MEDIATION</p>	CASE NUMBER: _____

(DO NOT FILE WITH THE COURT)

This form is provided to offer mediators a convenient means to inform participants of the applicable ethical and other rules.

The participants in the mediation proceeding of this case agree that:

1. The mediation proceeding will be confidential, in accordance with California Evidence Code sections 703.5 and 1115 through 1128.
2. This agreement does not affect the admissibility of a written settlement agreement reached as a result of this mediation proceeding in an action to enforce that settlement.
3. This agreement will not preclude a report of information to the ADR Administrator or an inquiry by the Administrator regarding complaints against a mediator pursuant to California Rules of Court, rules 3.850 through 3.863.

Date: _____	_____ <i>Mediator</i>
Date: _____	_____ <i>Party</i>
Date: _____	_____ <i>Party</i>
Date: _____	_____ <i>Party</i>
Date: _____	_____ <i>Party</i>
Date: _____	_____ <i>Attorney for</i> _____
Date: _____	_____ <i>Attorney for</i> _____
Date: _____	_____ <i>Attorney for</i> _____
Date: _____	_____ <i>Attorney for</i> _____
Date: _____	_____ <i>Other Participant – Title:</i> _____
Date: _____	_____ <i>Other Participant – Title:</i> _____

Additional pages attached (*number*): _____