

NEUTRAL NAME, ADDRESS, TELEPHONE, FAX AND EMAIL:	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
PLAINTIFF:		
DEFENDANT:		
STIPULATION RE FEE FOR SERVICE		CASE NUMBER:

Pursuant to the Court Alternative Dispute Resolution policy regarding the payment of fees to Neutrals, we the undersigned hereby stipulate that _____, neutral in the above-entitled action, may continue to act in his/her capacity as Mediator Evaluator at the rate of \$_____ per hour.

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)