

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address)</i>  TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR <i>(NAME)</i> : _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA          COUNTY OF YUBA          215 5TH STREET, SUITE 200          MARYSVILLE CA 95901          (530) 740-1800</b>	
PLAINTIFF/PETITIONER:  vs.  DEFENDANT/RESPONDENT:	
<b>COURT SPONSORED MEDIATION REPORT</b> (Please return to the Court within 10 days of the mediation.)	CASE NUMBER: _____

Name of Mediator: \_\_\_\_\_

Mediation was:

- Successful  
 Unsuccessful

**PLEASE RETURN THIS FORM WITHIN 10 DAYS OF THE MEDIATION TO:**

Yuba County Superior Court, Attn: Civil Clerk  
 215 5th Street, Suite 200  
 Marysville, CA 95901

NOTE:  
 A fillable version of this form is available on the  
 Court's website: [www.yubacourts.org](http://www.yubacourts.org).