

1 Attorney Name(s) or Party without Attorney
2 Firm Name
3 Mailing Address
4 City, State, Zip Code
5 Phone Number(s)
6 Fax Number
7 Email Address

8 Attorney for (Name) or Self-Represented

9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
10 **COUNTY OF SAN FRANCISCO**

11 Conservatorship/Guardianship of:

Case Number:

- 12 Person: (Name)
13 Estate: (Name)

**MEDIATION CONSENT AND
CONFIDENTIALITY FORM**

14 We have agreed to try to resolve our problem through mediation.

15
16 The mediation will be conducted by a mediator from the San Francisco Superior Court
17 Probate Mediation Panel.

18
19 **I understand that:**

- 20
21 1. The Mediator is serving only as a neutral person and does not represent either
22 party in an attorney/client relationship, nor can he or she give legal advice to any
23 party.
24 2. Each Participant has the right to be assisted by his or her legal counsel if
25 desired. The attorney for the (proposed) conservatee or (proposed) ward will be
26 present at the mediation and can participate.
27 3. Participation is completely voluntary. No party gives up any rights to due process
28 under the law if we do not agree to a settlement. The decision to settle a case

can only be made by a mutual agreement between the parties. Either party is free to leave the mediation at any time and proceed to trial.

4. Communications between Participants and the Mediator are confidential pursuant to California Evidence Code 1115-1128, except that Mediators shall report to the Probate Court any information concerning child abuse or elder abuse, as well as information concerning the commission of a crime of violence.
5. Any mediation agreement resulting from the mediation will be presented to the Probate Court for approval.
6. Participants agree that the Mediator will not be called as a witness by any of them to testify in Court (pretrial, trial or post-trial) or any other proceeding whether or not the mediation results in an agreement.

Date: _____

Signature
Printed Name: _____

CONFIDENTIAL

1 Attorney Name(s) or Party without Attorney
2 Firm Name
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8 Attorney for (Name) or Self-Represented

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10 **COUNTY OF SAN FRANCISCO**

11 Conservatorship/Guardianship of:

Case Number:

- 12 Person: (Name)
- 13 Estate: (Name)
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MEDIATION AGREEMENT

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16 This Mediation Agreement is admissible pursuant to Evidence Code Section 1123 and
17 subject to Probate Court approval.

18 We agree that:

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Date: _____

Signature
Printed Name: _____

Date: _____

MEDIATOR Signature
Printed Name: _____

1 Attorney Name(s) or Party without Attorney
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8 Attorney for (Name) or Self-Represented

9
10 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
11 **COUNTY OF SAN FRANCISCO**

12 Conservatorship/Guardianship of:

Case Number:

- 13 Person: (Name)
14 Estate: (Name)

**ORDER APPROVING MEDIATION
AGREEMENT**

15
16 The Court hereby approves the Mediation Agreement of (date) _____.

17
18 Date: _____

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Judicial Officer

1 Attorney Name(s) or Party without Attorney
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6 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
7 **COUNTY OF SAN FRANCISCO**
8

9 Conservatorship/Guardianship of:

Case Number:

- 10
11 Person: (Name)
12 Estate: (Name)
13

**MINUTE ORDER REFERRING CASE TO
PRO BONO MEDIATION**

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15 The parties and their attorneys are hereby ordered to Pro Bono Mediation. The
16 parties are directed to schedule a mediation session with a mediator agreeable to the
17 parties from the attached list.
18

19 Mediation must be completed no later than _____.

20 Status Conference is hereby set for _____ in
21 Department 204 at _____.
22

23
24 Date: _____
25 _____
26 Judicial Officer
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