

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional) : _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
PETITIONER: RESPONDENT: CLAIMANT:	
EX-PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF MEDIATOR OR EVALUATOR	CASE NUMBER: _____

- 1) I am the Petitioner Respondent Other _____ in the action herein.
- 2) I move to disqualify _____ to act as Mediator or Evaluator in the matter herein for the following reasons:
- a) Conflict of Interest. Please state all facts which support this claim. You may attach additional pages as needed.
- b) Other. Please state all facts which support this claim. You may attach additional pages as needed.

Dated: _____

PETITIONER/RESPONDENT/OTHER

**EX-PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF
MEDIATOR OR EVALUATOR**

Order

The Court hereby:

Denies the Order requested:

Grants the Order requested:

It is so ordered.

Dated: _____ JUDGE/COMMISSIONER OF THE SUPERIOR COURT

PROOF OF SERVICE BY MAIL

On _____ I served the above Ex-Parte Request and Order Re: Disqualification of Mediator or Evaluator by depositing a copy thereof, enclosed in a sealed envelope, with postage prepaid, in the United States mail to the following parties and/or their attorney of record at the following addresses:

At the time of service, I was at least 18 years of age and not a party to the action. My address is:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration is executed on _____, at _____, California.
