Superior Court of California, County of Contra Costa

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and SBN):			FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO.:				
Email Address (optional): ATTORNEY(S) FOR:				
AII	ORNET(3) FOR.	DE	TITIONER/PLAINTIFF:	-
		PE	TITIONER/PLAINTIFF.	
	VS			
		RESPO	NDENT/DEFENDANT:	
CONSENT TO APPOINTMENT AS PRIVATE CONFIDENTIAL MEDIATOR OR CHILD CUSTODY RECOMMENDING COUNSELOR AND DECLARATION RE QUALIFICATIONS			CASE NUMBER:	
1.	My name is			
2.	Pursuant to the S in the above entitle		n ((date), I hereby consent to serve
	□ Private Confidential Mediator. I shall submit to the court one of the following: 1) the parties complete agreement, 2) the parties' partial agreement, or 3) a notification that the parties completed mediation but reached no agreement.			
	Private Child Custody Recommending Counselor. I shall submit to the court any agreements reached between the parties along with a written report and recommendations regarding custods and/or visitation, and may submit such other recommendations as are authorized by Family Code §3183.			
3.	 I agree to conduct the mediation/child custody recommending counseling in compliance with Family Code §§216, 1815, 3160-3188, and the applicable provisions of California Rules of Court and Contra Costa County's local rules. I will be impartial, maintain appropriate levels of confidentiality. 			
4.	_	•		onciliation as provided in Family specified in Family Code §1816.
Date:				
Print Name: Signed:		Signed:		
		(Type or Print Name)		(Signature of Declarant)