



# Accessible, Reliable and Convenient Low Cost Probate, Estates & Trust Mediation Program

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## GUIDELINES

### Select ARC Neutral:

- Philip Barbaro, Jr., Esq.
- Hon. Mary Thornton House, Ret.
- Hon. Kim R. Hubbard, Ret.
- Hon. Cynthia A. Ludvigsen, Ret.
- Kenneth S. Wolf, Esq.

1. Submit Eligibility Application to **Jessenia Hurtado at [Jessenia@arc4adr.com](mailto:Jessenia@arc4adr.com)**.
2. Once approved, we will send a low-cost mediation contract to all parties to sign and return.
3. Once we have received the signed contract, we will be ready to set and schedule the mediation.
4. After scheduling is confirmed, each party will be asked to submit a Mediation brief with the following guidelines:
  - a. 5-6 pages maximum
  - b. Value of the estate
  - c. Agreed upon issues by the parties
  - d. Most recent/relevant will or testamentary
  - e. Any additional information that is relevant



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## ELIGIBILITY FORM

Case Caption \_\_\_\_\_

Court Case Number \_\_\_\_\_

Value of the entire Estate \_\_\_\_\_

Value of assets in dispute \_\_\_\_\_

Have all parties been notified?      Yes      No (choose one)

Have all parties agreed to mediation?      Yes      No (choose one)

What issues are to be mediated? \_\_\_\_\_

\_\_\_\_\_  
(If additional space is needed add attachment)

Has the real property been appraised?      Yes      No (choose one)

Has the personal property been appraised?      Yes      No (choose one)

If so, by whom? (Mark the applicable answer)

- ☐ Probate Referee
- ☐ Zillow
- ☐ Other \_\_\_\_\_ (please state the source)

Petitioner(s) Name(s) \_\_\_\_\_

\_\_\_\_\_  
Need Petitioners (email, phone, and address. (If none, write "none")

Petitioner Attorney Name \_\_\_\_\_

Petitioner Attorney Email \_\_\_\_\_

Petitioner Attorney Phone Number \_\_\_\_\_

Petitioner Attorney Mailing Address \_\_\_\_\_

Respondent(s) Name(s) \_\_\_\_\_

\_\_\_\_\_  
Need Respondents (email, phone, and address. If none, write "none")

Respondent Attorney Name \_\_\_\_\_

Respondent Attorney Email \_\_\_\_\_

**Respondent Attorney Phone Number** \_\_\_\_\_

**Respondent Attorney Mailing Address** \_\_\_\_\_

**(FOR ADDITIONAL PARTIES IF NECESSARY)**

**Petitioner(s) Name(s)** \_\_\_\_\_

\_\_\_\_\_  
Need Petitioners (email, phone, and address. (If none, write "none")

**Petitioner Attorney Name** \_\_\_\_\_

**Petitioner Attorney Email** \_\_\_\_\_

**Petitioner Attorney Phone Number** \_\_\_\_\_

**Petitioner Attorney Mailing Address** \_\_\_\_\_

**Respondent(s) Name(s)** \_\_\_\_\_

\_\_\_\_\_  
Need Respondents (email, phone, and address. If none, write "none")

**Respondent Attorney Name** \_\_\_\_\_

**Respondent Attorney Email** \_\_\_\_\_

**Respondent Attorney Phone Number** \_\_\_\_\_

**Respondent Attorney Mailing Address** \_\_\_\_\_