

Notice of Selection of ADR Provider by Stipulation

We agree to attend ADR conducted by \_\_\_\_\_

(Name, address, and telephone number of ADR Practitioner)

We have made payment arrangements with the ADR Practitioner, and we understand that the court's fee schedules do not apply to this ADR. We request that the court designate this ADR Practitioner in lieu of any court-appointed ADR Practitioner.

\_\_\_\_\_  
(Signature of Plaintiff)

\_\_\_\_\_  
(Signature of Defendant)

\_\_\_\_\_  
(Signature of Plaintiff's Attorney, if any)

\_\_\_\_\_  
(Signature of Defendant's Attorney, if any)

(Add additional signature lines for any additional parties and attorneys.)

For ADR Practitioner to Complete:

I, \_\_\_\_\_, agree to conduct the following ADR in the above-captioned case [check one]:

☐ Mediation in accordance with MD Rules 17-103 and 17-105.

☐ ADR other than mediation: \_\_\_\_\_ [specify type of ADR]

At the conclusion of the ADR, I agree to return the completed outcome form by mail to  
50 Maryland Ave, Attn: Special Magistrate Hidalgo-Rubio, Rockville, MD 20850

I solemnly affirm under the penalties of perjury that I have the qualifications prescribed by the following Rules [check all that are apply]:

☐ Rule 17-205 (a) [Basic mediation]

☐ Rule 17-205 (b) [Business and Technology]

☐ Rule 17-205 (c) [Economic Issues--Divorce and Annulment]

☐ Rule 17-205 (d) [Health Care Malpractice]

☐ Rule 17-205 (e) [Foreclosure]

☐ Rule 17-206 [ADR other than mediation]

☐ None of the above.

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Signature of ADR Practitioner