ARBITRATOR (Name, State Bar Number, and Address)	FOR COURT USE ONLY
State Bar No.	
TELEPHONE NO. FAX NO. (OPTIONAL)	
EMAIL ADDRESS (Optional)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO	
STREET ADDRESS: 720 9 <sup>th</sup> Street, Room 102	
MAILING ADDRESS: 720 9 <sup>th</sup> Street, Room 102	
CITY AND ZIP CODE: Sacramento, CA 95814	
BRANCH NAME: Gordon D. Schaber	
PLAINTIFF:	
DEFENDANT:	
	CASE NUMBER:
NOTICE OF ASSIGNMENT OF ARBITRATION HEARING DATE	
You and each of you are hereby notified that the above method before, in/at	natter has been set for arbitration _, Esq., arbitrator, on
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Copies of this notice have been sent to the following:	
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Copies of this notice have been sent to the following:  Name  Represente  Original sent to: Arbitration Unit, Superior Court of Care	ing
Copies of this notice have been sent to the following:  Name  Represented  Represen	ing
Copies of this notice have been sent to the following:  Name  Represente  Original sent to: Arbitration Unit, Superior Court of Care	alifornia, County of Sacramento
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