



MEDIATION CASE INFORMATION FORM

Statewide Civil, General Equity and Probate Mediation Program

DIRECTIONS: This form is to be completed by the mediator when the mediation is concluded or returned to court.

CASE DOCKET NUMBER	COUNTY	LAST NAME OF MEDIATOR	FIRST NAME OF MEDIATOR
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OUTCOME/NATURE OF AGREEMENT

- | | | |
|--|---|---|
| <input type="checkbox"/> mediation held/full agreement on all issues | <input type="checkbox"/> mediation held/no agreement | <input type="checkbox"/> no mediation held/party failed to attend |
| <input type="checkbox"/> mediation held/some issues pending | <input type="checkbox"/> no mediation held/ parties settled case before mediation session | <input type="checkbox"/> no mediation held/party attended but failed to participate |

NUMBER OF MEDIATION SESSIONS	NUMBER OF HOURS OF PREPARATION TIME	NUMBER OF HOURS IN SESSIONS	NUMBER OF HOURS BILLED TO THE PARTIES
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AT WHAT STAGE IN THE CASE DID THE MEDIATION SESSIONS TAKE PLACE? (note all that are applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> before any discovery | <input type="checkbox"/> before depositions | <input type="checkbox"/> after depositions |
| <input type="checkbox"/> after interrogatories and document production | <input type="checkbox"/> after experts' reports served | <input type="checkbox"/> Other: <small>Please Specify:</small> |

WAS THE TIMING OF REFERRAL TO MEDIATION APPROPRIATE?

- too early
 appropriate time
 too late

IF THE CASE DID NOT SETTLE IN MEDIATION, WHAT WERE THE REASONS? (note all that are applicable)

- | | |
|---|--|
| <input type="checkbox"/> the proper parties with authority to settle were not present | <input type="checkbox"/> issues were too complex |
| <input type="checkbox"/> one or both parties did not mediate in good faith | <input type="checkbox"/> issues were too numerous |
| <input type="checkbox"/> one or both parties too entrenched in their positions | <input type="checkbox"/> Other: <small>(Please Specify:)</small> |

RELATIONSHIP OF PARTIES

- | | |
|--|------------------------------------|
| <input type="checkbox"/> formal business relationship (e.g., partnership, corporation) | <input type="checkbox"/> family |
| <input type="checkbox"/> performance of service contract | <input type="checkbox"/> friends |
| <input type="checkbox"/> employee/employer | <input type="checkbox"/> neighbors |
| <input type="checkbox"/> no ongoing relationship | |

COMMENTS (Please use this section to note any suggestions, concerns or other comments on the program)

This form is available at
<https://www.surveymonkey.com/s/StatewideMediationCaseInformationForm>
 and must be completed and submitted on-line.