

MEDIATOR’S SUMMARY REPORT

Please complete this Summary Report. This information is important for the evaluation of the ADR Plan.

MEDIATOR’S NAME: _____

CASE NUMBER (COURT): _____

DATE OF MEDIATION (IF IT TOOK PLACE): _____

TYPE OF CASE: _____

DID THE MEDIATION TAKE PLACE: YES NO

IF MEDIATION DID NOT OCCUR, PLEASE SKIP TO SECTION MARKED “DID NOT OCCUR” BELOW. IF MEDIATION DID OCCUR, PLEASE CONTINUE.

TIME IN MEDIATION SESSION: _____

OUTCOME: Settled Not Settled Partially Settled

HOW WAS THE MEDIATION CONDUCTED: Online Phone Combination

HOW MANY FROM EACH CATEGORY ATTENDED: Plaintiff Defendant
 Attorney for Plaintiff Attorney for Defendant Observers

IF THE MEDIATION DID NOT OCCUR:

WHY DID THE MEDIATION NOT OCCUR: Agreement Reached Prior To Mediation
 One or Both Parties Failed To Appear
 One or Both Parties Refused To Mediate

SCHEDULING ISSUES IN THIS CASE: One or Both Parties Did Not Respond
 Mediator Was Not Selected By 30-Day Deadline (If Ordered)
 Parties Chose To Use Private Mediator
 Other – Explain: _____

TIME SPENT SCHEDULING MEDIATION: _____
