

# ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

## Verification of Observation Form

### SECTION I BACKGROUND INFORMATION

1. Name of Observer:

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2. Name of Mediator:

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### SECTION II OBSERVATION INFORMATION

1. Date(s) of Observation: \_\_\_\_\_

2. Nature of Case:

Civil     Probate     Domestic Relations

3. Length of Mediation: \_\_\_\_\_

4. Did the observer actively participate in the debriefing session following the mediation?    Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

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5. Additional Comments:

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\_\_\_\_\_  
Signature of Mediator

\_\_\_\_\_  
Date