

Form 10

IN THE OFFICE OF THE MEDIATION COORDINATOR

[CASE # AND STYLE]

MEDIATION EVALUATION

For Parties Only

Please take a few minutes to complete this form and return it to the mediator in a sealed envelope

[Your responses will serve as a guide to the Court about changes or improvements which need to be made to the mediation program. Your responses are confidential and will not be part of the appellate court file.]

1. WHAT KIND OF PROBLEM OR CASE WAS MEDIATED?

(please select one)

- | | |
|--|--|
| <input type="checkbox"/> Business Tort | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family matter (with children issues) |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Family matter (without children issues) |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Other (please describe) | |

2. WAS THE APPEAL FROM A:

- | | |
|--|--|
| <input type="checkbox"/> Summary Judgment | <input type="checkbox"/> Final Judgment after jury trial |
| <input type="checkbox"/> Final Judgment after non-jury trial | <input type="checkbox"/> Other Final appealable order |

3. WAS THE PROBLEM OR CASE RESOLVED THROUGH MEDIATION AT THE APPELLATE LEVEL?

- | | | |
|--|---|---|
| <input type="checkbox"/> Yes, completely | <input type="checkbox"/> No, made no progress | <input type="checkbox"/> Made situation worse |
| <input type="checkbox"/> Partially resolved (some issues stipulated to or resolved) | | |
| <input type="checkbox"/> Issues or disputes directly involved in this appeal partially resolved | | |
| <input type="checkbox"/> Issues or dispute not directly involved in this appeal resolved or partially resolved | | |
| <input type="checkbox"/> Somewhat helpful in clarifying and simplifying issues for appeal | | |
| <input type="checkbox"/> Other (please describe) | | |

4. ARE ATTEMPTS TO SETTLE THE APPEAL STILL ONGOING?

5. THE SERVICE PROVIDED BY THE MEDIATOR (Name):

- Helped a great deal Made no difference
 Helped some Made thing worse

6. WOULD YOU RECOMMEND APPELLATE MEDIATION? Yes No
Please explain (optional)

7. PLEASE SUGGEST HOW YOU THINK WE CAN IMPROVE THE APPELLATE MEDIATION PROGRAM.

Date _____ Signature _____
Name: _____