

Form 8

IN THE ARKANSAS COURT OF APPEALS

[CASE # AND STYLE]

MEDIATION EVALUATION

For Mediators Only

[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. DID MEDIATION: TAKE PLACE ON MORE THAN ONE (1) DAY?  Yes  No  
TAKE PLACE ON THE ORIGINAL DATE SCHEDULED  Yes  No

6. IN WHAT CITY DID THE MEDIATION TAKE PLACE? \_\_\_\_\_  
HOW MUCH TIME WAS SPENT ON: TRAVEL TO AND FROM MEDIATION \_\_\_\_\_  
PREPARATION, INCLUDING READING ANY CONFIDENTIAL STATEMENT \_\_\_\_\_

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Mediator's Name:

**The Mediator should file this report with:**

**Mediation Coordinator  
Arkansas Alternative Dispute Resolution Office  
Justice Building  
625 Marshall St.  
Little Rock, AR, 72201**