

CASE MEDIATION PROGRAM

MEDIATOR'S REPORT FORM

CMP NO: _____

Case Name: _____

Case Number: _____ Judge: _____

Parties or Attorneys: _____

Date file received: _____ Hours spent in preparation: _____

Date of mediation: _____ Hours spent in mediation: _____

Were clients present? _____ Were attorneys present? _____

Nature of case / types of issues:

RESULT OF MEDIATION:

All issues resolved Some issues resolved No issues resolved

COMMENTS / SUGGESTIONS

(please note: a copy of this report will be provided to the court)

Signature of Mediator: _____ Date: _____

Please return this report (and any follow-up information) to: