

OFFICE OF THE EXECUTIVE SECRETARY

CLIENT EVALUATION OF MEDIATION AND MEDIATORS

This information will be used to inform the court system and the mediator(s) about your experience with mediation. With your help, we can ensure that quality mediation services continue to be available to the citizens of the Commonwealth. This information may be shared with the mediator(s).

I. Case Information

Your Name: _____ Date: _____

Address: _____

Street

City

State

Zip

Phone Number: (Day) _____ (Evening) _____

You are (check one): _____ a party to the dispute _____ an attorney representing a party

For this case, mediation was (check one):

_____ very appropriate _____ somewhat appropriate _____ not at all appropriate

Please explain: _____

Total number of hours spent in your mediation session(s): _____

Number of Sessions: _____

The mediation process was (check one):

_____ very helpful _____ somewhat helpful _____ not at all helpful

Your mediation ended with an agreement on (check one):

_____ all of the issues _____ some of the issues _____ none of the issues

Would you use mediation again (check one)? _____ yes _____ no

Would you recommend mediation to others (check one)? _____ yes _____ no

