

## MEDIATOR'S RECORD OF SERVICE

This form is for members of the Civil Mediation Panel who provided a Court-Ordered Mediation pursuant to Local Rule, Title H, Chapter 1.1. Please submit this form within ten (10) days of the mediation to the ADR Director:

Á	Á
Á	Á
.	Á

Mediator's Name: \_\_\_\_\_

**If you are attaching a Mediator's Fee Statement you may skip to #1.**

Case No.: _____
Plaintiff(s): _____ Defendant(s): _____
Mediation Date(s): _____

- Civil Mediation Panel requirements: (Check all that apply):  
In return for the reduced-cost Straus Institute training, I agreed to provide  
10 3 Court-Ordered Mediations at no cost to the court. Count this as # \_\_\_\_.  
As a condition of membership on the Civil Mediation Panel, I agreed to provide 3 Court-Ordered Mediations per year at \$150 per case for the first 3 hours. Count this as Mediation # \_\_\_\_.  
I agreed to provide the court #\_\_ Court-Ordered Mediations per \_\_ month \_\_ year. Count this as Mediation # \_\_\_\_.
- I spent \_\_ hour(s) preparing for this mediation session.
- The parties reached a \_\_ full resolution \_\_ partial resolution \_\_ no resolution.
- The case did not fully resolve because (check all that apply):  
parties lacked essential information/failed to complete discovery  
motions were pending  
Arbitration or trial is more appropriate than mediation in this case.  
an essential person did not participate was not prepared lacked authority  
Other (explain without revealing confidential information): \_\_\_\_\_  
\_\_\_\_\_
- Please rate the quality of service you received from the court concerning this mediation:  
Excellent Good Satisfactory Needs Improvement

Comments:

