

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MEDIATOR'S RECORD OF SERVICE**

RI-ADR009

This form is for members of the Civil Mediation Panel who provided a Court-Ordered Mediation pursuant to Local Rule, Title 3, Division 2. Please submit this form within ten (10) days of the mediation to the ADR Director:

Riverside County Superior Court, Historic Courthouse
4050 Main Street, Riverside, CA 92501
ADRDirector@riverside.courts.ca.gov

For the latest information and current listing of telephone or fax numbers,
please visit the court's website at: www.riverside.courts.ca.gov

Mediator's Name: _____

Case No: _____

Plaintiff(s): _____ Defendant(s): _____

Mediation Date(s): _____

1. As a condition of membership on the Civil Mediation Panel, I agreed to provide at least 3 Court-Ordered Mediations per year at \$150 per case for the first 3 hours. Count this as Mediation # _____

2. I spent _____ hour(s) preparing for this mediation session.

3. The parties reached a full resolution partial resolution no resolution.

4. 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*): _____

5. Please rate the quality of service you received from the court concerning this mediation:
 Excellent Good Satisfactory Needs Improvement

6. Comments: