

**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](http://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: