



## MEDIATION SURVEY FORM TO BE COMPLETED BY PARTY

Please fill out this form promptly after the mediation conference and return it to the Multi-Door Division case manager

Name of mediator

Date of Conf.

Case Name:

Are you the:                    plaintiff                    defendant                    insurance                    representative

- Did an attorney represent you in this case?                     yes                     no
- If not, did you have any difficulty representing yourself?                     yes                     no
- Did you reach an agreement and settle your case today?                     yes                     no

Please circle the number which best reflects how you feel about the following statements.

**1 - Strongly Disagree    2-Disagree    3-Not Sure    4 - Agree    5 - Strongly Agree**

1. The mediator explained the mediation process clearly so that I knew what to expect during the mediation session.
2. The mediator allowed me and/or my attorney to fully present my case.
3. The mediator carefully listened to my side of the case.
4. The mediator asked appropriate questions to better understand the facts in the case.
5. The mediator helped me consider different options for settling the case.
6. The mediator treated all parties fairly.
7. Overall, I was satisfied with the mediation session and the way the mediator handled it.

Please add any comments you wish to make regarding the mediator or the mediation process on the back of this form. Thank you.