

State of New Jersey

COMPLETION OF MEDIATION FORM

For Mediation of Economic Aspects of Family Law Cases

For Office Use Only

Date Received:

Date Entered:

Directions: This form is to be completed by the mediator when mediation is concluded or the case is returned to court.

CASE DOCKET NUMBER	CASE NAME	NAME OF MEDIATOR
---------------------------	------------------	-------------------------

OUTCOME

- mediation held / full agreement on all issues
- mediation held / some issues still pending
- mediation held / no agreement
- no mediation held / parties settled case before mediation session
- no mediation held / party failed to attend

DATE CASE ASSIGNED TO MEDIATOR	DATE OF INITIAL MEDIATION SESSION	DATE OF FINAL MEDIATION SESSION
NUMBER OF MEDIATION SESSIONS	NUMBER OF HOURS FOR PREPARATION	NUMBER OF MEDIATION HOURS
DID THE ATTORNEYS/PARTIES SUBMIT PROPER CASE SUMMARIES? <input type="checkbox"/> yes <input type="checkbox"/> no	WERE THE ATTORNEYS/PARTIES PREPARED FOR THE MEDIATION SESSIONS? <input type="checkbox"/> yes <input type="checkbox"/> no	DID THE PARTIES PARTICIPATE IN THE MEDIATION SESSIONS? <input type="checkbox"/> yes <input type="checkbox"/> no

PLEASE RETURN TO: Family Practice Division

BY FAX: 609-984-0067