

## STATEWIDE MEDIATION PROGRAM ATTORNEY QUESTIONNAIRE

(To be completed by Attorney)

				•				
Name of Mediator County				The mediator for this case was selected by:				
				parties/	attorneys	court/juc	lge	
					Neither		a. •	
How are we doing? Please tell us.			Strongly	Somewhat	Agree nor	Somewhat	Strongly	No
(P	lease check one box on each li	ne.)	Agree	Agree 2	Disagree 3	Disagree 4	Disagree 5	Opinion 6
The mediator explained the process to my client.								
2. The mediation was conducted fairly and impartially.								
3. The mediator gave my client full opportunity to convey his/her positions and interests.								
4. The mediator was f	ree from bias.							
5. The mediator understood the issues in my client's case.								
6. My client was not pressured to reach an agreement.								
7. The mediator explained his/her fee structure to my client.								
8. I was satisfied with	the mediation process.							
9. The mediation save	d time.							
10. The mediation save	d money.							
11. Did you represent the (check one)								
12. What impact did mediation have on this case? (Check all that apply.)  Settled the case Did not settle the case Moved the case significantly toward settlement Added unnecessary steps Settled some of the issues Clarified positions Helped our understanding of the case Increased tension Other:								
13. At what stage in the case did the mediation session take place? (Check all that apply.)  Before any discovery Before depositions After interrogatories and document production After depositions After first trial date scheduled								
14. Do you think this case was referred to mediation (check one)								
15. Please indicate case type that was provided on the CIS.								
16. Any other suggestion	ons for how we can improve?							
This form is available at <a href="https://www.surveymonkey.com/s/StatewideMediationAttorneyQuestionnaire">https://www.surveymonkey.com/s/StatewideMediationAttorneyQuestionnaire</a>								
and must be completed and submitted on-line.								