



SUPERIOR COURT OF CALIFORNIA, CONTRA COSTA COUNTY
ALTERNATIVE DISPUTE RESOLUTIONS PROGRAM OFFICE

We value your comments — Thanks for taking 5 minutes to complete this survey!

Please email this form to: adrweb@contracosta.courts.ca.gov, fax (925) 608-2109 or mail:

ADR Program, P.O. BOX 911, Martinez, CA 94553

COURT MEDIATION SURVEY

Case Name: _____ Case No.: _____

1. Please tell us your relationship to this case.

- Plaintiff (person filing lawsuit) Defendant (person being sued) Other _____
 Counsel for Plaintiff Counsel for Defendant (Please specify – e.g.: claims rep)

2. Please check the box next to the best answer for each question.

- a. Was this case resolved in mediation? YES NO
- b. If no, did the mediation help you to reach an agreement later? YES NO
- c. Did you resolve some of the issues in mediation? YES NO
- d. Did the mediator make recommendations about the value of your case, or how you should settle your case? YES NO
- e. Was the mediator fair? (not biased for or against anyone) YES NO
- f. Were you able to explain your position fully? YES NO
- g. Do you think the mediator understood the important issues? YES NO
- h. Did mediation lower the cost of resolving this case? YES NO
- i. Did mediation reduce the time needed to resolve this case? YES NO

3. How would you rate this mediation experience?

- Excellent Good Fair Poor

4. Was the referral to mediation

- Too early About right Too late

5. If you reached an agreement in mediation, how would you rate the agreement?

- Excellent Good Fair Poor

6. How many times have you used mediation?

- 0 1-5 6-10 more than 10 times

7. How did this experience compare to other disputes where you did not use mediation?

- Much better Better About the same Worse Doesn't apply

8. Would you use mediation again or recommend it to others? Yes No

Do you have comments or suggestions?

May we share your responses / comments with the mediator? Yes No