ADR PANEL MEMBER: *(Name and Address):* TELEPHONE NO: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA MAILING ADDRESS: **P.O. BOX 911** CITY AND ZIP CODE: **MARTINEZ, CA 94553** BRANCH NAME: **MARTINEZ**	
CASE NAME:	
NEUTRAL CASE EVALUATION CONFERENCE REPORT	CASE NUMBER:

1. Neutral Case Evaluation *(check one)*

a. ☐ did not take place.

b. ☐ settled before.

c. ☐ switched to another ADR process.

d. ☐ took place on *(date or dates):* _____
and lasted a total of _____ hours.

2. Neutral Case Evaluation follow-up session(s) continuing.

☐ I will send a final Neutral Case Evaluation Conference Report after Evaluation ends, or before the court-ordered ADR completion deadline. If an extension of the completion deadline is needed, I will inform the parties that they must contact the court.

Date: _____

_____ ▶ _____
(TYPE OR PRINT NAME) (SIGNATURE OF EVALUATOR)

NOTE: Within 10 days of the end of the Evaluation Conference or by the ADR completion deadline set by the court, the Evaluator must forward a copy of this report to the Alternative Dispute Resolution Programs department.

PLEASE DO NOT INCLUDE ANY CONFIDENTIAL INFORMATION ON THIS FORM.

Complete this form and email to adrweb@contracosta.courts.ca.gov ,
Fax (925) 957-5689 or mail: ADR Program, P.O. BOX 911, Martinez, CA 94553