

ADR PANEL MEMBER: <i>(Name and Address)</i> : TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____	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) 608-2109 or mail: ADR Program, P.O. BOX 911, Martinez, CA 94553

NEUTRAL CASE EVALUATION REPORT