

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 CASE NUMBER: _____
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: _____	
MEDIATOR'S REPORT	

1. Mediation *(check as appropriate)*

- a. Did not take place.
1. The case settled before mediation.
 2. A party who was ordered to appear at the mediation did not appear.
 3. Other reason *(please specify without disclosing any confidential information)*:
- b. Took place on *(date or dates)*: _____ and lasted a total of _____ hours.

2. The mediation ended in *(check as appropriate)*

- a. Full agreement on: _____ *(date)*
- b. Partial agreement
1. With full agreement as to the following parties:
On _____ *(date)*
 2. With full agreement as to limited issues on: _____ *(date)*
- c. No agreement.

3. Mediation is continuing, **the next conference is set for** _____ *(Please send another Mediator's Report when mediation ends, if necessary please have the parties contact the ADR office for information regarding extending the Mediation deadline.)*

Date: _____

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

NOTE: The mediator must complete and forward this report to the parties and to the Alternative Dispute Resolution department within 10 days of the end of mediation, or by the ADR completion deadline set by the court.

PLEASE DO NOT INCLUDE ANY CONFIDENTIAL INFORMATION ON THIS FORM (EVIDENCE CODE §1121.)

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

MEDIATOR'S REPORT