



JUVENILE DEPENDENCY MEDIATOR'S DATA COLLECTION FORM

1.	Name of mediator: _____
2.	Did you receive a referral form for this mediation? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how were you notified of this mediation? _____
3.	Child information: Case # _____ Name: _____ Case # _____ Name: _____ Case # _____ Name: _____ Case # _____ Name: _____ Case # _____ Name: _____ Case # _____ Name: _____
4.	<ul style="list-style-type: none">• Date of session: _____• Time of session: _____• Location: _____
5.	Session held? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? <input type="checkbox"/> Canceled <input type="checkbox"/> No Show <input type="checkbox"/> Declined <input type="checkbox"/> No response <input type="checkbox"/> One party assisted
6.	Total time spent preparing for mediation, mediation length, and follow-up work: _____
7.	Outcomes: <input type="checkbox"/> Full Agreement <input type="checkbox"/> Partial Agreement <input type="checkbox"/> No Agreement <input type="checkbox"/> Oral Agreement
8.	Additional information: _____