

MEDIATION DISPOSITION (FORM MD)

Please return this completed Form MD by sharing it with C.A.R. staff in the documents section of the case in Caseload Manager or by emailing it to mediation@car.org.

Subject Property Address: _____

Date of Mediation: _____ Mediator Name: _____

A Mediation Disposition is required within three (3) business days of the conclusion of each mediation. All responses are confidential and will be used solely in the aggregate to allow us to evaluate and improve the overall program. Thank you.

Did the parties seem to understand the overall mediation process? Yes No

Were the parties reasonably prepared for the mediation? Yes No

Were the attorneys reasonably prepared for the mediation? Yes No N/A

Were all parties necessary for settlement of the matter in attendance? Yes No

Did the parties (or their counsel) submit written statements or briefs in advance of the mediation? Yes No

How much time did you spend in pre-mediation? _____

How many hours was the actual mediation? _____

How many hours did you bill the parties for the mediation? _____

Did the dispute settle? Yes No

In which format was the mediation conducted?

Online In-Person Other: _____

If Online, which platform was used (Zoom, etc.) and to what extent, if any, did the format impact or enhance the outcome of the mediation.

Please provide us with any other feedback about this mediation.