



SUPERIOR COURT OF CALIFORNIA, CONTRA COSTA COUNTY
ALTERNATIVE DISPUTE RESOLUTIONS PROGRAM OFFICE

We value your comments — Thanks for taking 5 minutes to complete this survey!

Please email this form to: adrweb@contracosta.courts.ca.gov, fax (925) 957-5689 or mail:

ADR Program, P.O. BOX 911, Martinez, CA 94553

COURT MEDIATION SURVEY

Case Name: _____ Case No.: _____

1. Please tell us your relationship to this case.

- Plaintiff** *(person filing lawsuit)*
- Defendant** *(person being sued)*
- Other** _____
- Counsel** for Plaintiff
- Counsel** for Defendant
- (Please specify – e.g.: claims rep)*

2. Please check the box next to the best answer for each question.

- a. Was this case resolved in mediation? YES NO
- b. **If no**, did the mediation help you to reach an agreement later? YES NO
- c. Did you resolve some of the issues in mediation? YES NO
- d. Did the mediator make recommendations about the value of your case, or how you should settle your case? YES NO
- e. Was the mediator fair? (not biased for or against anyone) YES NO
- f. Were you able to explain your position fully? YES NO
- g. Do you think the mediator understood the important issues? YES NO
- h. Did mediation lower the cost of resolving this case? YES NO
- i. Did mediation reduce the time needed to resolve this case? YES NO

3. How would you rate this mediation experience?

- Excellent
- Good
- Fair
- Poor

4. Was the referral to mediation

- Too early
- About right
- Too late

5. If you reached an agreement in mediation, how would you rate the agreement?

- Excellent
- Good
- Fair
- Poor

6. How many times have you used mediation?

- 0
- 1-5
- 6-10
- more than 10 times

7. How did this experience compare to other disputes where you did not use mediation?

- Much better
- Better
- About the same
- Worse
- Doesn't apply

8. Would you use mediation again or recommend it to others? Yes No

Do you have comments or suggestions?

May we share your responses / comments with the mediator? Yes No