

Appellate Mediation Program

Mediator Evaluation

(To be completed by mediator)

Date:

Mediator:

Type of Case:

Other (specify):

*Your responses will serve as a guide to the appellate mediation office about changes or improvements that need to be made to the program. **Your responses are confidential and will not be part of the appellate court file.***

The appeal was from a:

- Summary judgment
- Final judgment after jury trial
- Final judgment after nonjury trial
- Other
- Other appealable order, if so, please indicate statutory provision or rule allowing appeal. _____

Prep Time (hours): **Session Time (hours):** **# of Sessions:**

Follow Up Time (hours): **Total Mediation Fees for all parties:**

How did the case resolve?

- Full Resolution
- Partial Resolution
- No Resolution
- Other (specify) _____

If the mediation resolved more than one dispute, check all that were resolved:

- Another Appeal
- A trial court matter
- A matter not in litigation

On a scale of 1 (very dissatisfied) to 5 (very satisfied) please rate the court's mediation program as to:

- Efficiency (scheduling, etc.)
- Paperwork
- Courtesy and cooperation
- Pro bono requirement

Comments on the above, including suggestions for program improvements:

**PLEASE COMPLETE THIS FORM WITHIN SEVEN DAYS OF COMPLETION OF MEDIATION AND RETURN TO:
Appellate Mediation Office, 300 Dexter Avenue, Montgomery, AL 36104 or
mediation@appellate.state.al.us**