

Appellate Mediation Program
Attorney Evaluation

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.

I am the: ___ Appellant's attorney ___ Other (specify) _____
 ___ Appellee's attorney

How did the case resolve?

___ Full resolution ___ Partial resolution ___ No resolution
___ Other (specify) _____

What effect did the mediation process have on the following (Insert "ND" if no difference):

Attorney fees: ___ Reduced fees ___ Increased fees By how much? (estimate) \$ _____
Other costs: ___ Reduced fees ___ Increased fees By how much? (estimate) \$ _____
Court time: ___ Reduced time ___ Increased time By how much? (estimate) _____ Months

On a scale of 1(very dissatisfied) to 5 (very satisfied) please rate:

The mediation process:

___ Appropriateness of the process for your dispute ___ Confidentiality
___ Fairness ___ Satisfaction with outcome
___ Opportunity to participate **Would you use this process again? ___ Yes ___ No**

On a scale of 1(very dissatisfied) to 5 (very satisfied) please rate:

The mediator (name): _____

___ Impartiality ___ Knowledge of the appellate process
___ Temperament ___ Knowledge of the subject matter

On a scale of 1(very dissatisfied) to 5 (very satisfied) please rate:

Program administration:

___ Efficiency (scheduling, etc.) ___ Courtesy and cooperation
___ Paperwork ___ Mandatory participation

Comments on the above, including suggestions for program improvements:

NOTE: PLEASE COMPLETE THIS FORM AT THE TIME MEDIATION IS COMPLETED AND RETURN TO APPELLATE MEDIATOR IN A SEALED ENVELOPE.