F14 Revised 06/10

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@alappeals.gov