(Form 16) Date: _____

Appellate Mediation Program
Party 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 ____Other (specify)_____
____Appellee

How did the case resolve?
____Full resolution ____Partial resolution ____No resolution
____Other (specify) _____

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.