

Date: \_\_\_\_\_

# 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 not difference):

**Attorney Fees:**     Reduced Fees     Increased Fees    By How Much? \$ \_\_\_\_\_  
**Other Costs:**     Reduced Fees     Increased Fees    By How Much? \$ \_\_\_\_\_  
**Court Time:**     Reduced Time     Increased Time    By How Much? \_\_\_\_\_

### 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:

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**PLEASE COMPLETE THIS FORM WITHIN SEVEN DAYS OF  
COMPLETION OF MEDIATION AND RETURN TO:**

**Appellate Mediation Office, Alabama Supreme Court, 300 Dexter Avenue, Montgomery, Alabama 36104**