

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

Appellate Mediation Program  
Mediator Evaluation Form

Name: \_\_\_\_\_

Type of Case: \_\_\_\_\_

*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 Non-Jury Trial
- Final Judgment after Jury Trial
- Other Appealable Order
- Other

Prep Time: \_\_\_\_\_ hours      # of Sessions: \_\_\_\_\_  
 Session Time: \_\_\_\_\_ hours      Follow Up Time: \_\_\_\_\_ hours  
 Total Mediation Fees: \$ \_\_\_\_\_

**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
- Matter Not in Litigation

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

**Program Administration:**

- Efficiency (scheduling, etc.)
- Paperwork
- Courtesy and Cooperation
- Mandatory Participation

Feel free to attach 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, Alabama Supreme Court, 300 Dexter Avenue, Montgomery, Alabama 36104**