



Mediation Report

Civil Action #: _____ County: _____

Style of Case: _____ vs _____

The above-styled case was mediated on _____ from _____ until _____

The mediation resulted in (check one)

_____ **FULL SETTLEMENT**
_____ **PARTIAL SETTLEMENT**
_____ **IMPASSE**

Cancellation

Mediation was cancelled by _____ on _____ (date).

Comments _____

No Show Parties

Name: _____

Name: _____

Comments _____

Mediator's Signature

Date

Did you get paid in full or work out a suitable payment plan with the parties? Yes No

If no, would you like the ADR office to assist you in collecting these fees? Yes No

Please indicate the amount owed _____ and the party who owes the fees _____.

Please copy the ADR Office on all invoices sent to this party.

**Please fax or email to the ADR Office
within forty-eight (48) hours of the mediation session.**