

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

## Post-Mediation Survey

Please submit your completed evaluation by mail or fax within 10 days after the mediation is over [Local Rule 3-125].

Superior Court of California, COUNTY OF SAN JOAQUIN

180 E. Weber Avenue, Ste. 200, Stockton, CA 95202

Fax: (209) 992-5634 or E-mail: [gpreoo@sjcourts.org](mailto:gpreoo@sjcourts.org)

Your responses will be used to improve the Mediation Program and to provide feedback to mediators. Staff outside the mediation program and trial judges will not see specific survey forms. No identifying information about you will be released.

1. Case Name: \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Case Type:  Personal Injury - Auto       Real Property       Collections  
 Personal Injury - Other       Employment       Other (specify): \_\_\_\_\_  
 Contract       Construction

4. Name of Mediator (Last, First): \_\_\_\_\_

5. Date of Mediation: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

6. What is your role in this case?

- |  |   |  |
|--|---|--|
| Party  | Attorney  | Other  |
| <input type="checkbox"/> Plaintiff (person filing lawsuit) | <input type="checkbox"/> Attorney for plaintiff | <input type="checkbox"/> Claims representative |
| <input type="checkbox"/> Defendant (person being sued)     | <input type="checkbox"/> Attorney for defendant | <input type="checkbox"/> Specify: _____        |

7. If you are a party, are you represented by an attorney in this case?  Yes     No

8. How many previous mediations have you participated in?  0     1-5     6-10     more than 10

9. How satisfied were you with the following in this case:
- |   | Highly Satisfied         | Satisfied                | Neutral                  | Dissatisfied             | Highly Dissatisfied      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your overall experience with the mediation.    | <input type="checkbox"/> |
| b. The mediator's services.                       | <input type="checkbox"/> |
| c. Court mediation program staff services.        | <input type="checkbox"/> |
| d. Convenience of the location for mediation.     | <input type="checkbox"/> |
| e. Convenience of the times available to mediate. | <input type="checkbox"/> |

10. Would you choose to use mediation in the future?  Yes     Possibly     No

11. Please indicate whether you agree with the following statements about the impact of mediation in this case.
- |   | Strongly Agree           | Agree                    | Neither Agree Nor Disagree | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. Mediation in this case saved me time.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mediation in this case saved me money.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mediation decreased tension between the parties. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

12. Who selected the mediator in this case?  Parties     Attorneys     Court

a. Which of the following were important in choosing this mediator (mark all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Used this mediator before    | <input type="checkbox"/> Mediation training      | <input type="checkbox"/> Office location convenient |
| <input type="checkbox"/> Mediator was recommended     | <input type="checkbox"/> Mediation experience    | <input type="checkbox"/> Mediator's fees            |
| <input type="checkbox"/> Mediator was on court's list | <input type="checkbox"/> Mediation style         | <input type="checkbox"/> Other (specify) _____      |
| <input type="checkbox"/> Language/Culture             | <input type="checkbox"/> Professional background |   |

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**20. Please rate the services provided by the court mediation program in this case.**

	Excellent	Good	Fair	Poor	N/A
a. Staff communications.	<input type="checkbox"/>				
b. Information about mediation provided before the mediation.	<input type="checkbox"/>				

**If you are represented by an attorney in this case, please answer questions 25 and 26. If you are an attorney or are representing yourself in this case, please answer questions 21 through 26.**

**21. What was the amount in controversy in the case at the time of the mediation?**

- \$0-\$7,500     
  \$25,001-\$50,000     
  \$100,001-\$500,000     
  \$1,000,001+  
 \$7,501-\$25,000     
  \$50,001-\$100,000     
  \$500,001-\$1,000,000

**22. Was any non-monetary relief requested?**     Yes     No

**23. Please estimate the amount by which mediation increased or decreased your client's (or your) costs of resolving the dispute (costs include attorney fees, expert witness fees, and other costs, but not the cost of any settlement paid)?**

- Decreased by:       Increased by:  
 \$0       \$5,001-\$10,000       \$25,001-\$50,000       \$100,001-\$250,000  
 \$1-\$5,000       \$10,001-\$25,000       \$50,001-\$100,000       \$250,001+

**24. Did using mediation increase or decrease your court appearances and trial days in this case?**

a. Court Appearances (Hearings, Conferences and Motions):

- Decreased     Increased     0     1     2-4     5-10     11+

b. Trial Days:  Decreased     Increased     0     1     2-4     5-10     11-20     21+

**25. Please tell us more about your experience:**

- a. Things I liked about the mediation: \_\_\_\_\_
- b. Things I didn't like about the mediation: \_\_\_\_\_
- c. We welcome any other comments or suggestions you may have regarding the mediator used in this case or the ADR program: \_\_\_\_\_

**26. Please help us learn more about the people our program is serving.**

Zip Code: \_\_\_\_\_

Age Range:     18-21     22-29     30-39     40-49     50-59     60-69     70+ years

What languages do you usually speak at home?

English     Spanish     Chinese     Other (please specify): \_\_\_\_\_

Ethnicity:     American Indian/Alaskan Native     Latino or Hispanic     Other (specify): \_\_\_\_\_  
 Asian     Native Hawaiian/Pacific Islander  
 Black/African American     White, Not Hispanic

Household income (Number of people in household \_\_\_\_\_):

- \$0-\$15,000       \$30,001-\$45,000       \$60,001-\$75,000       \$90,001-\$120,000  
 \$15,001-\$30,000       \$45,001-\$60,000       \$75,001-\$90,000       \$120,001 or more