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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA  
ADR PROVIDER'S STATEMENT/CIVIL DIVISION**

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PLEASE MAIL WITHIN 10 DAYS OF THE COMPLETION OF THE ADR PROCESS TO:  
ELIZABETH STRICKLAND, ADR ADMINISTRATOR  
SANTA CLARA COUNTY SUPERIOR COURT  
191 N. FIRST STREET, SAN JOSE, CA, 95113  
OR FAX TO 408-882-2595

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**Please complete this statement without breaching confidentiality.**

**Case Name:** \_\_\_\_\_ **Case No:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Your Phone Number:** \_\_\_\_\_

**ADR Process:**  Mediation  Neutral Evaluation  Other (*specify*): \_\_\_\_\_

**Type of case:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Banking            | <input type="checkbox"/> Health Care           | <input type="checkbox"/> Partnership Disputes           |
| <input type="checkbox"/> Business/Contract  | <input type="checkbox"/> Housing               | <input type="checkbox"/> Personal Injury                |
| <input type="checkbox"/> Civil Rights       | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Probate - Wills                |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Professional Negligence        |
| <input type="checkbox"/> Defamation         | <input type="checkbox"/> Labor - Employment    | <input type="checkbox"/> Real Estate                    |
| <input type="checkbox"/> Disabilities       | <input type="checkbox"/> Landlord/Tenant       | <input type="checkbox"/> Securities                     |
| <input type="checkbox"/> Elder Issues/Abuse | <input type="checkbox"/> Medical Malpractice   | <input type="checkbox"/> Tax                            |
| <input type="checkbox"/> Environment        | <input type="checkbox"/> Neighborhood          | <input type="checkbox"/> Other ( <i>specify</i> ) _____ |

**Preparation time:** \_\_\_\_\_ hours Total length of ADR sessions \_\_\_\_\_ hours No. of sessions: \_\_\_\_\_  
Total fee for ADR process for all parties (*include any charges for administration, preparation, travel, etc.*):  
\$ \_\_\_\_\_

**How did the case resolve?**

- Full resolution  Partial resolution  No resolution  
 Other (*specify*): \_\_\_\_\_

**The case did not fully resolve because:**

- Additional discovery was necessary  An essential party did not participate  
 One or more of the parties did not have authority to settle  The parties reached an impasse  
 Other (*specify*): \_\_\_\_\_

**For Mediators Only:**

Was your primary style in this case  Facilitative  Directive/Evaluative  
Did the parties or counsel ask about the law?  Yes  No  
Did you discuss the relevant law?  Yes  No

**For Neutral Evaluators Only:**

Following your evaluation did you:  
Conduct a mediation?  Yes  No  
Conduct a settlement conference?  Yes  No  
Provide case management assistance?  Yes  No Specify: \_\_\_\_\_

**Did you give evaluation forms to the parties and counsel?**  Yes  No

**Comments on any of the above matters or on administration of the ADR program:**