

EARLY SETTLEMENT MEDIATION Record of Termination

Initiator:

Respondent:

County: **Date:**

Case Number:

A. If a mediation session was **not** held, indicate whose absence was responsible (circle):

Initiating Party

Responding Party

Both Parties

TYPE OF CASE	
Small Claims/Civil	<input type="checkbox"/>
Family & Divorce	<input type="checkbox"/>
IDEA	<input type="checkbox"/>
Guardianship	<input type="checkbox"/>
Permanency	<input type="checkbox"/>
Community	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

NATURE OF DISPUTE	
All Divorce Issues	<input type="checkbox"/>
Child Related Issues	<input type="checkbox"/>
Cons. Dissatisfaction	<input type="checkbox"/>
Disturbing the Peace	<input type="checkbox"/>
Employment	<input type="checkbox"/>
Harassment	<input type="checkbox"/>
Misdemeanor Assault	<input type="checkbox"/>
Money	<input type="checkbox"/>
Permanency	<input type="checkbox"/>
Property	<input type="checkbox"/>
Relationship	<input type="checkbox"/>
Trespass	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

STAGE MEDIATION ENDED	
Introduction	<input type="checkbox"/>
Information Exchange	<input type="checkbox"/>
Negotiations	<input type="checkbox"/>
Partial Agreement	<input type="checkbox"/>
Agreement	<input type="checkbox"/>

RELATIONSHIP OF PARTIES	
Acquaintances	<input type="checkbox"/>
Business/Consumer	<input type="checkbox"/>
Coworker	<input type="checkbox"/>
Debtor/Creditor	<input type="checkbox"/>
Employer/Employee	<input type="checkbox"/>
Ex-Mates	<input type="checkbox"/>
Family	<input type="checkbox"/>
Former Spouses	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>
Landlord/Tenant	<input type="checkbox"/>
Mates	<input type="checkbox"/>
Merchant/Merchant	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>
Spouses	<input type="checkbox"/>
Stranger	<input type="checkbox"/>
Unmarried Parents	<input type="checkbox"/>
Victim/Adult Offender	<input type="checkbox"/>
Victim/Juvenile Offender	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

TIME INVOLVED	
Wait/Trav Time (#1)	<input type="checkbox"/>
Wait/Trav Time (#2)	<input type="checkbox"/>
Screening Time (#1)	<input type="checkbox"/>
Screening Time (#2)	<input type="checkbox"/>
Mediation Time (#1)	<input type="checkbox"/>
Mediation Time (#2)	<input type="checkbox"/>
TOTAL TIME (HOURS)	<input type="checkbox"/>

NUMBER OF PARTICIPANTS	
Parties	<input type="checkbox"/>
Attorney (s)	<input type="checkbox"/>
Mediator (s)	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>
TOTAL # PRESENT	<input type="checkbox"/>

DOLLAR \$ AMOUNT	
Amount \$ Claimed	<input type="checkbox"/>
Settlement \$ Amount	<input type="checkbox"/>
(including court costs)	

Number of Sessions

If a referral to another agency is indicated, what do you advise?

How was the relationship improved?

Recommendations/Remarks:

Mediator #1:
Date:

RETURN COMPLETED FORM TO
LOCAL EARLY SETTLEMENT
PROGRAM OFFICE

Mediator #2:
Date:

THANK YOU