

SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY
MAILING ADDRESS: 800 11th Street, Room 100 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: MODESTO
POST MEDIATION/NEUTRAL EVALUATION QUESTIONNAIRE (For Attorneys)
CASE NUMBER:
CASE NAME:

1. Did you represent a plaintiff or a defendant in this case? _____
2. How did you choose the mediator/neutral evaluator for this case? _____

3. On a scale of 1 to 10, with 1 being the worst and 10 being the greatest, rate your satisfaction with the Court's voluntary mediation/neutral evaluation program. _____
4. Did your mediator/neutral evaluation give you a full opportunity to convey your client's interests? _____
5. Was your mediator/neutral evaluator impartial? _____
6. Did your mediator/neutral evaluator understand the issues involved in the case? _____
7. Was your mediator/neutral evaluator knowledgeable about the law relative to the case? _____
- 8a. Would you say mediation/neutral evaluation saved you money? _____ If yes, how much money would you estimate you saved? _____
- 8b. Would you say mediation/neutral evaluation saved you time? _____ If yes, how much time would you estimate you saved? _____
9. Would you consider mediation/neutral evaluation in the future? _____
10. At what stage in the case did the mediation/neutral evaluation take place? _____
11. What do you suggest the Stanislaus County Superior Court do to improve the voluntary mediation/neutral evaluation program? _____

_____ (Signature) _____ (Date)

PLEASE RETURN TO THE ADR ADMINISTRATOR (MIKE TOZZI) AT THE ABOVE ADDRESS. THIS FORM WILL NOT BE KEPT IN THE CASE FILE AND WILL NOT BE A MATTER OF PUBLIC RECORD.