

UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA CIRCUIT

MEDIATOR REPORT

Case Name:			Number:		
Mediator(s):					
1. Was an agreement reache	ed? Yes	No] Partial		
2. When did the mediation ta	ake place? Date began:		Date ended:		
2. When did the mediation take place? Date began: Date ended: 3. Total mediator hours: Preparation: Mediation: In person On Phone					
		Or	n Phone		
		Ву	e-mail		
4. Who participated?	Lawyers only	yers and clients	Non-parties		

5. Who attended the mediation session(s)?

	Sessions for Plaintiff				Sessio	Sessions for Defendant	
	1 st	2 nd	3 rd		1 st	2 nd	3 rd
Party and Counsel				Party and Counsel			
Counsel only				Counsel only			
Party only				Party only			
Other (Describe who else attended)				Other (Describe who else attended)			
5. How did you conduct	the mea	diation se	ession(s)?	☐ In-person	ephone	☐ E-	mail
		-		.S. Courts of the D.C. Circuit ue, N.W. • Room 5217 • Wa	shington,	D.C. 2000	1
Tel 202-216-7350 • Fax 202-273-0331							

USCA Mediator Report

🗌 No

7. If the case was settled, please describe any elements in the settlement (e.g., apology, reassignment of worker, or resolution of other disputes) that could not have been obtained through judicial disposition:

8. Please evaluate the mediation: Was mediation appropriate?

Were the techniques you used effective? Did the mediation present any unusual problems? If the case settled, what did you do to achieve that result? In hindsight, would you do anything differently?

Thank you for your efforts.

Within one week of completion of the mediation process, please submit this report by _________, e-mailing it to <u>mediation@cadc.uscourts.gov</u>, or by faxing or mailing a copy to the address below.

The Mediation Program of the U.S. Courts of the D.C. Circuit E. Prettyman U.S. Courthouse • 333 Constitution Avenue, N.W. • Room 5217• Washington, D.C. 20001 Tel 202-216-7350 • Fax 202-273-0331