

Send to:
Multi-Option ADR Program – SMC 127
400 County Center
Redwood City, CA 94063-1655

**San Mateo county Superior Court
Multi-Option Appropriate Dispute Resolution Project**

**FAMILY LAW ADR PROGRAM
EVALUATION BY NEUTRAL**

Please submit evaluation by mail or fax with 10 days.
Telephone: (650) 599-1070 Fax: (650) 599-1754

Name of Neutral: _____

Case name:

Case number:

1. Issues: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Property | <input type="checkbox"/> Custody/Visitation |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Spousal Support |
| | <input type="checkbox"/> Other: _____ |

2. Process(es) used in case – indicate if more than one:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Binding Arbitration |
| <input type="checkbox"/> Other: _____ | |

3. Agreement reached? Yes No Partial

4. At what phase in the dispute did ADR session occur?

- | | |
|--|---|
| <input type="checkbox"/> Before filing Petition | <input type="checkbox"/> After Petition, before trial |
| <input type="checkbox"/> After Status Conference (s) | <input type="checkbox"/> Post Judgment |
| <input type="checkbox"/> Other: | |

5. Were attorneys present? Yes No

6. Describe primary style used in this case:

- | | | |
|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Facilitative | <input type="checkbox"/> Directive | <input type="checkbox"/> Other: _____ |
|---------------------------------------|------------------------------------|---------------------------------------|

7. Length of session(s): _____ hours Number of Sessions: _____

8. In this case, did the ADR process: Reduce costs Increase costs
Estimate: _____

9. In this case, did the ADR process: Reduce court time Increase court time
Estimate: _____

10. Do you have comments or suggestions regarding the administration of MAP?

THANK YOU!