

Send to:
 Multi Option ADR Project – SMC 127
 400 County Center
 Redwood City, CA 94063-1655
 Fax: (650) 261-5146

San Mateo County Superior Court Multi-Option ADR Project (“MAP”) EVALUATION BY CLIENT

In accordance with **Local Rule 2.3(i)(5)**, please submit evaluation by mail or fax within 10 days of completion of the ADR process.

MAP staff and committees use this confidential information to assess the impact on the court, to track quality, to provide feedback to neutrals and to inform our decisions regarding redesign of program procedures. Other staff and trial judges do not see specific evaluations. This information will be aggregated for blind statistical reports to the Judicial Council, the Court and the community.

Case Name:

Case Number:

Type of Case:

Name of Neutral:

Date of Session:

1. I am: Plaintiff Defendant Other: _____

I participated in an ADR Session YES NO

If you answered NO above, please indicate the reason(s) why below. If you answered YES continue to question 2:

Parties unwilling Not yet scheduled Other, Describe:

2. Please indicate which, if any, of the following occurred during the ADR session: Please check all that apply.

- Communication between the parties was improved.
- Parties came away with a better understanding of the case.
- Parties clarified, resolved and eliminated some issues.
- Other comments:

On a scale of 1 to 5, 1 being the lowest level and 5 being the highest level, please indicate your satisfaction by rating the following statements:

	Lowest				Highest
3. This process was fair to all parties.	1	2	3	4	5
4. This process allowed all to be heard.	1	2	3	4	5
5. This process offered a safe secure setting.	1	2	3	4	5
6. I did not feel unduly pressured by the neutral to reach agreement.	1	2	3	4	5
7. The neutral skillfully structured the process.	1	2	3	4	5
8. The neutral understood key issues.	1	2	3	4	5
9. I would use this neutral again.	1	2	3	4	5
10. I would use the MAP program again	1	2	3	4	5

PLEASE PROVIDE ANY ADDITIONAL COMMENTS: _____