

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, & Address) TELEPHONE NUMBER: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIPOSA 5088 Bullion Street P.O. Box 28 Mariposa, CA 95338	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
ALTERNATIVE DISPUTE RESOLUTION STATUS REPORT (ADR)	CASE NUMBER: _____

Type of Civil Case:

Personal Injury – Property Damage/Auto Personal Injury – Property Damage Contract Other _____

Date Complaint Filed: _____

Amount in controversy:

\$0 to \$25,000 \$25,000 to \$50,000 \$50,000 to \$100,000 Over \$100,000 (specify) _____

Date of Alternative Dispute Resolution (ADR) Conference: _____

Name, address, and telephone number of person who conducted the Alternative Dispute Resolution (ADR) Conference:

Case resolved by Alternative Dispute Resolution:

Yes (proper filing of a Notice of Settlement or Dismissal form is required by Clerk's Office)

No Reason: _____

Alternative Dispute Resolution process concluded:

Yes

No Reason for delay: _____
 Next scheduled hearing date: _____ at _____ a.m./p.m.

Type of resolution process used:

Mediation Arbitration Neutral Case Evaluation Other _____

Case was resolved by:

Direct Result of ADR Process Indirect Result of ADR Process Resolution was unrelated to ADR Process

If case went through ADR and resolved, estimate the closest dollar amount that was saved in attorney fees and/ or expert witness fees by participating in the process.

\$0 \$250 \$500 \$750 \$1,000 More than \$1,000 (specify) _____

Check the closest estimated number of court days you saved in motions, hearings, conferences, trials, etc. as a direct result of this case being referred to this dispute resolution process.

0 Days 1 Day More than 1 day (specify) _____

If the dispute resolution process caused an increase in court time for this case, please check the estimated number of additional court days:

0 Days 1 Day More than 1 day (specify) _____

Case name:	Case number:
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I would be willing to use the dispute resolution process again:

Yes

No

Please provide any additional comments below regarding your experience with the ADR process:

Plaintiff(s):

Defendant(s):

Date: _____

Date: _____

Signature of Party or Attorney for Party

Signature of Party or Attorney for Party

Type or Print Name

Type or Print Name

Date: _____

Date: _____

Signature of Party or Attorney for Party

Signature of Party or Attorney for Party

Type or Print Name

Type or Print Name

Date: _____

Date: _____

Signature of Party or Attorney for Party

Signature of Party or Attorney for Party

Type or Print Name

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