



**DALLAS COUNTY  
DISTRICT COURT ADMINISTRATION  
ALTERNATIVE DISPUTE RESOLUTION**

**Client Evaluation Form**

In an effort to make the Dallas County Dispute Resolution Center more efficient by meeting the needs of those we serve, please complete this survey.

**Your feedback is GREATLY appreciated!**

\* Indicates required fields

**I. CASE INFORMATION**

* Mediator:	Additional Mediators:	
* Cause No:	* Court No:	* County:
* Type of Case:	* Date Referred:	* Date of ADR:
* By Mediation Order:	Or Voluntary:	

**II. \* ADR PERFORMED – Please check all that apply**

Regardless of whether a settlement was reached or not, mediation provided the following:

Cost Savings:	Less Time off Work:	Less Emotional Trauma:	Positive Outlook Moving Forward:	Other:	Unproductive:
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**III. \* THE PROCESS – How satisfied were you with the following**

	Very Satisfied	Somewhat Satisfied	Neither or N/A	Somewhat Dissatisfied	Very Dissatisfied
The amount of information you received about the mediation process:					
How well you understood what was going on during the mediation:					
The fairness of the process:					
The opportunity to present your concerns about the dispute:					
How much you got to participate in the process:					

**\* THE MEDIATOR(S)**

The mediator's ability to remain impartial:					
The mediator's observance of your confidentiality:					
The mediator's skill level:					
The mediator's overall performance:					

**\* THE MEDIATION**

The mediation as a whole:					
The agreement, if one was reached:					

**IV. ADR AGREEMENT - Please check all that apply**

If you were **dissatisfied** with the agreement, why did you agree?

Better than my alternatives:	Financially Prudent:	To end the dispute and move forward:
Other - Please explain:		
Is there any one thing that would have made this a better process for you?		