



**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?		