STATE OF MICHIGAN	
17TH JUDICIAL CIRCUIT	
MEDIATION EVALUATION	

Court address: ADR OFFICE, 180 OTTAWA AVE NW, SUITE 3100, GRAND RAPIDS MI 49503

Court telephone no. 616-632-5052

Phone

Time

To help assess satisfaction with its mediation program, the 17th Circuit Court strongly encourages **parties and their attorneys** to provide feedback to the court and its mediators. The 17th Circuit Court relies upon mediation as a faster and less expensive alternative to courtroom trials. The court maintains a list of mediators who meet requirements set by local court rules for random selection in the event parties do not select their own mediator. Complaints about the mediator or the mediation process may be directed to the ADR Supervisor whose number is listed at the bottom of this form. A cumulative report of all responses will be shared with the Court's mediators.

Please complete this questionnaire and return it to the ADR Office at the address printed above or via email to: ADR.clerk@kentcountymi.gov. This form is available at http://www.accesskent.com/Courts/17thcc/mediate.htm

1.	What was your: case number and mediator's name?					
2.	. Are you: □ an attorney □ participant in a court case?					
3.	What type of case was this?	☐ Domestic	(divorce, etc.)	☐ Probate	☐ All others	
4.	Was the mediator neutral and impartial?		□ Yes □ No	□ Not sure	□ Not present	
5.	Did the mediator allow you to speak fully?		□ Yes □ No	□ Not sure	□ Not present	
6.	Did you reach any agreements?		☐ Yes (full)	□ No (none)	☐ Partial agreement	
7.	Did mediation save you any time		□ Yes	□ No	□ Not sure	
8.	Did mediation save you any money?		□ Yes	□ No	□ Not sure	
9.	Are you satisfied with the results of the mediation?		□ Yes	□ No	☐ Somewhat	
10.	Would you recommend mediation to your friends or fa	amily?	□ Yes	□No	□ Not sure	
11.	Would you recommend this mediator to friends or fam	nily?	□ Yes	□No	□ Not sure	
12.	Prior to mediation, I was given the opportunity to disc	euss				
	any concerns I had about safety with the mediator.		□ Yes	□No	☐ Not Applicable	
13.	If I had safety concerns going into mediation, the med	liator				
	provided ideas to help promote/enhance safety.		□ Yes	□No	☐ Not Applicable	
14.	May we pass your feedback to your mediator?		□ Yes	□No		
COMMENTS (Please use the back of this form if you need more space): What was most helpful about the process?						
How could it be improved?						
Other:						
If we may discuss your mediation experience with you, please either call the ADR Supervisor at 632-5055 or provide us with your name, phone number and a good time to call:						

Name

Last revised: 8/10/18