

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Verification of Observation Form

SECTION I BACKGROUND INFORMATION

1. Name of Observer:

2. Name of Mediator:

SECTION II OBSERVATION INFORMATION

1. Date(s) of Observation: _____

2. Nature of Case:

Civil Probate Domestic Relations

3. Length of Mediation: _____

4. Did the observer actively participate in the debriefing session following the mediation? Yes _____ No _____ If no, please explain:

5. Additional Comments:

Signature of Mediator

Date