

**Arkansas Alternative Dispute Resolution Commission**  
Statistical Reporting Form for Court Ordered Mediation

Please complete this form for all court ordered mediations. If a referral fails to attend mediation, fill in as much information as possible in order for the Commission to compile accurate statistics.

**MEDIATOR INFORMATION**

\_\_\_\_\_  
Last First M.I. Certification Number

\_\_\_\_\_  
City State Zip Phone

**FILING INFORMATION**

\_\_\_\_\_  
County Judge Circuit # Docket # (Include subject prefix, i.e. JV, DR, PR,CV)

\_\_\_\_\_  
Plaintiff's Name Defendant's Name Date Mediation was ordered

Division (please check one):  JUVENILE  DOMESTIC RELATIONS  PROBATE  CIVIL

Is this case an Arkansas Access & Visitation Mediation Program Case?  YES  NO

**MEDIATION ISSUES**

Case Type: Please check all that apply. For "Other" categories, please describe case characteristics.

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Motor Vehicle Negligence                  | 8. <input type="checkbox"/> Decedent Estates     | 16. <input type="checkbox"/> Separate Maintenance           |
| 2. <input type="checkbox"/> Other Negligence                          | 9. <input type="checkbox"/> Trust Administration | 17. <input type="checkbox"/> Domestic Abuse                 |
| 3. <input type="checkbox"/> Malpractice                               | 10. <input type="checkbox"/> Guardianship        | 18. <input type="checkbox"/> Families in Need of Services   |
| 4. <input type="checkbox"/> Product Liability                         | 11. <input type="checkbox"/> Adoption            | 19. <input type="checkbox"/> Juvenile Delinquency           |
| 5. <input type="checkbox"/> Contracts (Please specify<br>type): _____ | 12. <input type="checkbox"/> Divorce             | 20. <input type="checkbox"/> Dependency Neglect             |
| 6. <input type="checkbox"/> Equity                                    | 13. <input type="checkbox"/> Paternity           | 21. <input type="checkbox"/> Termination of Parental Rights |
| 7. <input type="checkbox"/> Partnership                               | 14. <input type="checkbox"/> Custody/Visitation  | 22. <input type="checkbox"/> Extended Juvenile Jurisdiction |
|   | 15. <input type="checkbox"/> Child Support       | 23. <input type="checkbox"/> Other: _____                   |

**MEDIATION SESSION(S)**

1. Did the mediation take place?
- A.  No, mediation never began.
- B.  Yes, but mediation was halted, returned to court without agreement on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- C.  Yes, mediation was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ with a full agreement.
- D.  Yes, mediation was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ with a partial agreement.
- E.  No agreement reached on \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. Did the judge send all issues of the case to mediation or limited issues of the case?  All Issues  Limited Issues
3. How many mediation sessions were conducted? \_\_\_\_\_ 4. How many TOTAL hours were spent in mediation? \_\_\_\_\_

Please complete and return to:

Arkansas Alternative Dispute Resolution Commission  
Administrative Office of the Courts  
625 Marshall Street  
Little Rock, AR 72201  
FAX: (501) 682-9410