



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO
Confidential ADR Program Evaluation Form**

Please submit completed application to:
*ADR Administrator
 Superior Court of California, County of Solano
 600 Union Avenue
 Fairfield, CA 94533
 Email: ADR@solano.courts.ca.gov*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

In accordance with court policies, please submit this confidential evaluation by email or mail within 10 days of completion of the ADR process.

Please note: All questions may not apply to your case.

Case Name: _____ **Case No:** _____

ADR Process Used:

- Mediation HENCE Arbitration Small Claims
 Unlawful Detainer Civil Harassment Small Claims Appeal

Today's Date: _____ **Date Participated in ADR Process:** _____ **Length of Session:** _____ hours

- You are:** Plaintiff Defendant Plaintiff's Counsel Defendant's Counsel
 Cross-Complainant Cross Defendant Insurance Representative
 ADR Neutral Other (specify) _____

- Primary Type of Case:** Business/Contract Construction Employment Insurance
 Intellectual Property Medical Malpractice Personal Injury Probate/Trust
 Professional Negligence Real Estate Other (specify) _____

How did the case resolve? (Do not reveal confidential information.)

- Direct result of the ADR process. Resolution unrelated to ADR process.
 Indirect result of the ADR process. Unresolved
 Some issues resolved as result of ADR process Other _____

This section to be completed by Counsel only.

What was the effect of the ADR process on the following? (Insert "ND" if no difference.)

Attorney's fees: Reduced Increased By how much? (estimate) \$ _____
 Other costs: Reduced Increased By how much? (estimate) \$ _____
 Court costs: Reduced Increased By how much? (estimate) \$ _____
 Court time: Reduced Increased By how much? (estimate) _____ Days

