

**ADR NEUTRAL SURVEY
MERCED SUPERIOR COURT**

PLEASE RETURN THIS FORM TO THE COURT'S ADR OFFICE
MERCED SUPERIOR COURT, ADR OFFICE

*2260 N Street
Merced, CA 95340
FAX: (209) 725-4112*

Case Name: _____

Case Number: _____

Name of Neutral: _____

Type of Case: _____

Your Name (optional): _____

Party you represented (optional): _____

Form of ADR:

Judicial Arbitration

Mediation

Other (Please Describe): _____

Date(s) of ADR proceedings: _____

Duration of ADR proceedings: _____ hours.

Please answer the following questions in regards to your ADR experience (we encourage you to address any explanations below):

1. The Court provided adequate information to prepare the Parties for the ADR proceeding.
 Agree Disagree
2. The stage at which this case was referred to ADR was appropriate.
 Agree Disagree
3. The Parties were dealt with fairly up to and during the ADR proceeding.
 Agree Disagree
4. The facility used for the ADR proceeding was adequate.
 Agree Disagree Not Applicable

