



200 Seventh Avenue, Suite 230, Santa Cruz, CA 95062 Phone (831) 476-4502 Fax (831) 476-2732 - CCL 603517

MEDIATION EVALUATION

In the matter of: F g

Date & Time: Wednesday 4/25/12 10:00 a.m.

We would appreciate your feedback. Our goal is to provide a professional, helpful, and efficient experience for our clients. Your evaluation of our services is very important to us and will be given careful consideration. Thank you.

On a scale of 1 to 10 (1 = unsatisfactory and 10 = excellent) please rate the following:

- 10 Prompt response to initial inquiry for our services
- 10 Efficient coordination amongst the parties
- 10 Scheduling / notice of hearing
- 10 Overall satisfaction with the process

Dispute Resolution Specialist:

Mediator:

- 10 professionalism
- 10 courtesy
- 10 effectiveness
- 10 overall

- 10 professionalism
- 10 knowledge
- 10 effectiveness
- 10 overall

- Would you seek Alternative Dispute Resolution again? Yes No
- Would you recommend this Mediator? Yes No
- May we use your comments on our Website? Yes No

Additional comments: _____

Your signature (optional): _____ Date: 4-25-12

Printed name (optional): _____

** Please mail or fax your Evaluation to our office address or fax number listed above.**

Thank you for your response and thank you for the trust placed in us.