

SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY
MAILING ADDRESS: 801 10th Street 4th Floor CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: Civil
POST TEMPORARY ASSIGNED JUDGES CIVIL MEDIATION PROGRAM QUESTIONNAIRE (Attorneys)
CASE NUMBER:
CASE NAME:

1. Did you represent a plaintiff or a defendant in this case? _____
2. On a scale of 1 to 10, with 1 being the worst and 10 being the greatest, rate your satisfaction with the Temporary Assigned Judges Civil Mediation Program. _____
3. Did your mediator give you a full opportunity to convey your client's interests? _____
4. Was your mediator evaluator impartial? _____
5. Did your mediator evaluator understand the issues involved in the case? _____
6. Was your mediator knowledgeable about the law relative to the case? _____
- 7a. Would you say mediation saved your client money? _____ If yes, how much money would you estimate you saved? _____
- 7b. Would you say mediation saved you time? _____ If yes, how much time would you estimate you saved? _____
8. Would you consider mediation in the future? _____
9. At what stage in the case did the mediation take place? _____
10. Do have any suggestions to improve the Temporary Assigned Judges Civil Mediation Program? _____

(Signature) _____ (Date)

PLEASE RETURN TO THE CIVIL CLERK'S OFFICE AT THE ABOVE ADDRESS. THIS FORM WILL NOT BE KEPT IN THE CASE FILE AND WILL NOT BE A MATTER OF PUBLIC RECORD.

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