

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 (Litigants)
CASE NUMBER:
CASE NAME:

1. Were you 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 interests? _____
4. Was your mediator impartial? _____
5. Did your mediator understand the issues involved in the case? _____
6. Was your mediator knowledgeable about the law relative to the case? _____
7. 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.

POST TEMPORARY ASSIGNED JUDGES CIVIL MEDIATION PROGRAM QUESTIONNAIRE