



DISPUTE RESOLUTION SERVICES
ORANGE COUNTY MEDIATION PROGRAM

The Orange County Mediation Office would like to continue to improve our mediation program. Your comments are very important. Please answer the questions, and provide us with your opinion of the mediator and/or the program. Please return the form in the attached envelope or leave it at the front desk.

Case No. _____ Name _____ (optional)

I am a _____ Petitioner/Plaintiff _____ Respondent /Defendant

Mediator's Name(s) _____

1. Did the mediator provide a clear explanation of the process of mediation including impartiality, confidentiality and that the process is voluntary? (circle one) YES NO
2. Did you reach an agreement? (circle one) YES NO
3. At any time did the mediator inform you as to how the judge might decide this case? (circle one) YES NO

Please circle your answer with (1) representing UNSATISFACTORY and (5) VERY SATISFIED

4. If you did reach an agreement, how satisfied are you with the terms of the agreement?

Not applicable 1 2 3 4 5 (Very)

5. If you did not reach an agreement, how satisfied are you that the mediator did everything possible to assist you in settling your case?

Not applicable 1 2 3 4 5 (Very)

6. How well did the mediator keep the session directed at the main issues of the dispute.

1 2 3 4 5 (Very)

7. How impartial was the mediator(s)?

1 2 3 4 5 (Very)

8. How satisfied are you with the mediation and how it is handled?

1 2 3 4 5 (Very)

9. Did you encounter any problems with the mediation office and staff? (circle one) YES NO
(If so, please describe on the back of this form)

10. If you became a party in a dispute in the future, would you want to mediate again? (circle one) YES NO

Please put any additional comments on the back of this form or on separate paper and return to: Dispute Resolution Services, 425 N. Orange Avenue, Room 120, Orlando, FL 32801.