

**State of New Jersey**  
**ATTORNEY QUESTIONNAIRE**  
**Statewide Civil, General Equity and Probate Mediation Program**

FOR OFFICE USE ONLY  
DATE RECEIVED:  
DATE ENTERED - AOC:

**DIRECTIONS:** This form is to be completed by attorneys representing litigants in mediation at the conclusion of mediation.

CASE DOCKET NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

DID YOU REPRESENT THE PLAINTIFF OR THE DEFENDANT IN THIS CASE?  plaintiff  defendant

THE MEDIATOR FOR THIS CASE WAS SELECTED BY:  parties / attorneys  court / judge

DO YOU THINK THE MEDIATOR IN THIS CASE:

yes  no gave you a full opportunity to convey your client's interests?  yes  no was knowledgeable about the law relative to the case?  
 yes  no was impartial?  yes  no understood the issues in this case?

WHAT IMPACT DID MEDIATION HAVE ON THIS CASE?

settled the case  moved the case significantly toward settlement  added unnecessary steps  other \_\_\_\_\_  
 settled some of the issues  clarified positions  increased tension

AT WHAT STAGE IN THE CASE DID THE MEDIATION SESSION TAKE PLACE? (Check all that apply)

before any discovery  before depositions  after experts' reports served  
 after interrogatories and document production  after depositions  after first trial date scheduled

DO YOU THINK THIS CASE WAS REFERRED TO MEDIATION:

too early  at about the right time  too late

DO YOU THINK MEDIATION IN THIS CASE SAVED MONEY?

yes  no

DO YOU THINK MEDIATION IN THIS CASE SAVED TIME?

yes  no

WOULD YOU CONSIDER MEDIATION FOR OTHER MATTERS?

yes  no

DO YOU THINK THAT MEDIATION:

yes  no generally preserves the legal rights of clients?  yes  no generally results in equitable outcomes?

WHAT SUGGESTIONS DO YOU HAVE TO IMPROVE THE CIVIL MEDIATION PROGRAM?

PLEASE PROVIDE ANY OTHER COMMENTS YOU THINK WOULD BE HELPFUL IN EVALUATING THE EFFECTIVENESS AND QUALITY OF CIVIL MEDIATION.

PLEASE RETURN TO:

AOC - CIVIL PRACTICE DIVISION  
BOX 981  
TRENTON, NJ 08625  
FAX: 609 777-0844