

**STATE OF VERMONT**  
**COUNTY OF \_\_\_\_\_, ss.**

Plaintiff (s)	)	
	)	
V.	)	_____ Superior Court
	)	
Defendant(s)	)	Docket No. _____

**ALTERNATE DISPUTE RESOLUTION REPORT**

**Date of ADR Session** \_\_\_\_\_ **Starting Time** \_\_\_\_\_ **Finishing Time** \_\_\_\_\_

1. Please indicate the names and addresses of all persons participating in the ADR Session. If either party is a corporation or company, please indicate the name and title of the representative. **Identify with an asterisk the representative of each party who had decision-making authority.**

Name	Representative & Title, If Applicable	Street Address	City, State & Zip Code
Plaintiff			
Plaintiff's Counsel			
Defendant			
Defendant's Counsel			
Insurance Carrier			
Defendant			
Defendant's Counsel			
Insurance Carrier			
Other			

2. Please summarize any substitute arrangement made regarding attendance at the ADR Session.

\_\_\_\_\_

3. Were all appropriate parties in attendance? \_\_\_\_\_ If no, who failed to appear? \_\_\_\_\_
4. Were all parties prepared & did all participate in good faith? \_\_\_\_\_ If not, who did not comply? \_\_\_\_\_
5. Did each party have a representative present with sufficient authority to participate in good faith to settle the dispute at the time of the ADR Session? \_\_\_\_\_
6. Did the case settle? \_\_\_\_\_ (If settlement was reached, please append the agreement of the parties.)
7. If the case did not settle:
- A. Can the scope of the dispute be narrowed by stipulation of the parties? If so, please describe:
- \_\_\_\_\_
- \_\_\_\_\_
- B. Did the parties agree to a further ADR session? Yes No N/A

Name (printed)	Neutral (signature)	Date
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