

MEDIATOR REPORT FORM

Party's Name:

Counsel for Party:

Party's Name:

Counsel for Party:

Party's Name:

Counsel for Party:

Date of Mediation:

Time Mediation Session Begins:

Time Mediation Session Ends:

Time Taken For Breaks, including lunch

Issues Resolved:

Is the entire matter resolved between the parties? Yes No

If not, describe the remaining dispute:

Is further mediation scheduled? Yes No

If so, what is the date and time of the second session?

(Signed)

(Print Name)

(Date)

ECBA File #