SEATTLE FEDERAL EXECUTIVE BOARD ADR CONSORTIUM

MEDIATOR SIGN-OFF FORM

Case Number_____
Date_____

Case Name_____

INTAKE DEVELOPMENT

_____**First party withdraws (Office)**
_____**Second party declines (Office)**
_____**Agency declines (office)**
_____**Amount of time spent on Intake with each client**

Amount of mediator time spent on research prep _____
List grades and steps of parties and contacts (i.e., EEO, HR): _____
List grades and steps of mediators: _____

CASE DISPOSITION

_____**Telephone Negotiation (office)**
_____**Written Mediation Settlement**
_____**Verbal Mediation Settlement**
_____**Group Facilitation**
_____**Arbitration (Office)**
_____**Legal (Office)**
_____**No Settlement**

MEDIATOR COMMENTS

_____

_____

_____

**** Follow-up Meeting Scheduled for: Date** _____ **Time** _____

****

<u>Mediators:</u>

_____
_____

<u>Observers:</u>

_____
_____

Beginning Time:_____
(Include 1/2 hr. set up time)

Ending Time:_____
(Include debrief time)

Total hours:_____

NOTE: BE SURE TO PROVIDE EVALUATIONS TO FEB INTAKE PERSON.