Dispute Resolution Program Report

Trial Court of Massachusetts
Boston Municipal Court Department

COURT DIVISION

Program Name	Reporting Period	
	6 Months *Due on 1/31*	*12 Months* *Due on 8/31*

SECTION I. **TOTAL ADR CASES:** Number of all cases processed by program during the reporting period for all case types.

Line 1. _____ Total number of ADR cases

SECTION II. **ADR CASES BY REFERRAL SOURCE:** Number of ADR cases processed per the referral source of the case.

Line 2. _____ Judge
Line 3. _____ Clerk/Assistant Clerk
Line 4. _____ Local ADR Coordinator
Line 5. _____ Self (i.e., Party and/or Attorney)
Line 6. _____ Other Court Personnel (Specify:)
Line 7. _____ ADR Program Screener
Line 8. _____ Unknown
Line 9. **0** **TOTAL ADR CASES BY SOURCE**
(Lines 2 - 8 total; Line 9 must equal Line 1.)

SECTION III. **ADR CASES BY EVENT:** Number of ADR cases processed per the event at which case was received.

Line 10. _____ Filing of Civil Complt./Petition
Line 11. _____ Show Cause Hearing
Line 12. _____ Pretrial Conference
Line 13. _____ Other Pretrial Event (Specify:)
Line 14. _____ ADR Screening
Line 15. _____ Trial Date

SECTION IV. **ADR CASES BY CASE TYPE:** Number of ADR cases processed per case type.

Line 17. _____ Pre-criminal
Line 18. _____ Crim Complaint
Line 19. _____ Contract
Line 20. _____ Tort
Line 21. _____ Consumer Prot.
Line 22. _____ Equit Remedy
Line 23. _____ Small Claims
Line 24. _____ Sm Cl Appeal.
Line 25. _____ Summary Proc
Line 26. _____ Supplm Proc
Line 27. _____ HPO (c. 258E)
Line 28. _____ Dog Appeal
Line 29. _____ Other
Line 30. **0** **TOTAL ADR CASES BY CASE TYPE**
(Lines 17-29 total; Line 30 must equal Line 1.)

SECTION V. **ADR CASE OUTCOMES BY ADR**

OUTCOME	
Settled	*Line 31.* _____
Not Settled	*Line 32.* _____
Partially Settled	*Line 33.* _____
Pending Final Outcome	*Line 34.* _____
TOTAL OUTCOMES PER PROCESS:	*Line 35.* **0** (Lines 31-34 total.) Line 35 must equal Line 1

SECTION VI. **COMPLAINTS RECEIVED**: _____ PROGRAM DIRECTOR OR REPRESENTATIVE DATE REPORT SUBMITTED

NO. RECEIVED	NO. RESOLVED	NO. PENDING
Line 37. _____	*Line 38.* _____	*Line 39.* _____

NATURE OF COMPLAINTS	ABOUT PROGRAM	ABOUT NEUTRALS	OTHER
	Line 40. _____	*Line 41.* _____	*Line 42.* _____

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