

# Dispute Resolution Program Report



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

**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 14. _____ ADR Screening
Line 11. _____ Show Cause Hearing	Line 15. _____ Trial Date
Line 12. _____ Pretrial Conference	
Line 13. _____ Other Pretrial Event (Specify:)	

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

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

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

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

**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. _____