STATE OF CALIFORNIA - COUNTY OF SANTA	BARBARA
SUPERIOR COURT – CADRe PROGRAM	
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CADRe Program Evaluation

Please complete this form and return to CADRe by fax, mail, or e-mail to the above address. You do not have to identify yourself, though you must if you wish contact by the CADRe office. **NOTE: <u>CADRe</u> <u>will share this evaluation with the Neutral unless you state otherwise below</u>.** This form is also available online at www.sbcadre.org/forms/ct.htm. Thank you.

Case Name:	Neutral's Name:											
Case No.:	e No.: Your Name/Phone (OPTIONAL):											
** 🛛 <u>Please do NO</u>	<u>T share this eval</u>	uation with the	e Neutral.	**								
1. Your Role:	Litigant/Clier	nt 🗆 Attor	ney 🗆	Adjuster	□ Ot	her						
2. Process Used:												
	□ Mediation	□ Arbitration	Neutr	al Evaluatio	n 🗆 (Other: _						
3. The ADR Proce	ss ended in:											
Full Agreement	Parti	al Agreement		Non-Agree	ment							
4. Length of ADR p	rocess: Total N	lumber of Hou	rs:	_ Numb	ber of	Sessio	ns:					
5. If applicable, how	w much time or n	noney, IF ANY,	, do you e	estimate yo	u save	ed by u	sing AL	DR in th	is case			
Please rate your sa		ne Neutral, any Applicable 1=Stror	-	-								
					1		3		5			
6. The Neutral mair Comments:												
7. The process offe	ered a setting cor	nducive to reso	olution.									
8. I did not feel und				□ NA								

o. I did not leef undury pressured to reach an agreement.			
Comments:			
9. The Neutral used good process skills			
Comments:			
10. The Neutral understood the issues of the case			
Comments:			
11. I would use this Neutral again.			
Comments:			
12. I would use the CADRe program again			
Comments:			

Please write any additional suggestions or comments here. Use reverse side if necessary. CADRe is not seeking confidential or privileged information. Thank you for completing this evaluation.