

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: CADRe will share this evaluation with the Neutral unless you state otherwise below.**** This form is also available online at www.sbcadre.org/forms/ct.htm. Thank you.*

Case Name: _____ **Neutral's Name:** _____

Case No.: _____ **Your Name/Phone (OPTIONAL):** _____

**** Please do NOT share this evaluation with the Neutral.****

1. Your Role: Litigant/Client Attorney Adjuster Other _____

2. Process Used:

CMADDRESS Mediation Arbitration Neutral Evaluation Other: _____

3. The ADR Process ended in:

Full Agreement Partial Agreement Non-Agreement

4. Length of ADR process: Total Number of Hours: _____ **Number of Sessions:** _____

5. If applicable, how much time or money, IF ANY, do you estimate you saved by using ADR in this case?

Please rate your satisfaction with the Neutral, any ADR process used, and with the CADRe program:

[NA= Not Applicable 1=Strongly DISAGREE 3 = Neither Agree nor Disagree 5=Strongly AGREE]

6. The Neutral maintained impartiality. _____ NA 1 2 3 4 5
Comments: _____

7. The process offered a setting conducive to resolution. _____ NA 1 2 3 4 5
Comments: _____

8. I did not feel unduly pressured to reach an agreement. _____ NA 1 2 3 4 5
Comments: _____

9. The Neutral used good process skills. _____ NA 1 2 3 4 5
Comments: _____

10. The Neutral understood the issues of the case. _____ NA 1 2 3 4 5
Comments: _____

11. I would use this Neutral again. _____ NA 1 2 3 4 5
Comments: _____

12. I would use the CADRe program again. _____ NA 1 2 3 4 5
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.