

Commonwealth of Massachusetts Trial Court

_____ Court Department

_____ Division

ADR Referral Form

Part I: Case Information

Case Name: _____ Docket #: _____

Case Type/Issue(s): _____

Names & Telephone #'s of Parties/Attorneys: _____

Part II: Referral Information

Referral Date: _____ Referral Source (Person & Event): _____

Case Status: _____

Program(s) Referred to: Mediation Works Incorporated

- Referral to: a. ADR Screening
 b. Dispute Resolution: mediation arbitration conciliation case evaluation
 dispute intervention mini-trial summary jury trial

Comments/Directions: _____

Next Court Date & Event (or other deadlines): _____

Part III: Report Back to Court & Next Event Date

Program Report: Please report back to the court with the following information before the next court date or within any other time frames indicated below:

a. Information on Status of Referral:

- Parties **elected / declined** to participate in dispute resolution through the Program.
- Parties have not yet decided to enter ADR after initial screening.
- Parties did not contact program.
- Other (please specify): _____

Information on Dispute Resolution Services provided:

- Type of dispute resolution selected: _____
- Dates of dispute resolution session(s): _____
- Outcome of dispute resolution process: pending settled not settled on-going

Signature of Reporting Program Coordinator: _____ Date: _____

(Sign & Print Name) _____