

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:      Pending \_\_\_\_\_

Program(s) Referred to:      Mediation Works Incorporated \_\_\_\_\_

Referral to: a.      ADR Screening  
b.   X   Dispute Resolution:   X   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:*

- X   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:*

- X   Type of dispute resolution selected:      Mediation \_\_\_\_\_
- X   Dates of dispute resolution session(s): \_\_\_\_\_
- X   Outcome of dispute resolution process:      pending      settled      not settled      on-going

Signature of Reporting Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

(Sign & Print Name) \_\_\_\_\_