

**DISTRICT COURT OF MARYLAND
Alternative Dispute Resolution (ADR) Office**

Trial Date: _____
Case Number: _____
ADR Practitioner Name/ID#: _____

ADR Participant Survey

*Filling out this **confidential** survey will help us improve this program. Thank you for taking the time to give us your feedback.*

1. How did you hear about Alternative Dispute Resolution (ADR)? (Check **all** that apply)
- Word of mouth Family or Friend Judge Lawyer
 Info from Court District Court website Video in court Other: _____
2. This court uses two ADR processes to see if an agreement can be reached before trial. This session can best be described as: (Check **one**)
- Mediation Settlement Conference Not sure
3. I am the: Plaintiff Defendant

PLEASE EVALUATE THE ADR PRACTITIONER and PROCESS: (Circle **one response for each statement.)**

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Doesn't Apply to Me (N/A)
4. The ADR process was clearly explained.	1	2	3	4	5	
5. I had enough time to say what I wanted to say.	1	2	3	4	5	
6. The ADR practitioner understood what I said I needed.	1	2	3	4	5	
7. To check survey quality, please circle number 2.	1	2	3	4	5	
8. The ADR practitioner helped me think about different ways to resolve our issues.	1	2	3	4	5	
9. I felt heard by the other participant(s).	1	2	3	4	5	
10. I understand the views of the other participant(s) better than before the session.	1	2	3	4	5	
11. We discussed all of the issues that brought us here. (If you choose 1 or 2, please tell us why:)	1	2	3	4	5	
12. The ADR practitioner did not favor one party over the other.	1	2	3	4	5	
13. I felt pressured by the ADR practitioner to reach an agreement.	1	2	3	4	5	
14. The ADR practitioner was a good listener.	1	2	3	4	5	
15. The ADR practitioner helped clarify issues.	1	2	3	4	5	
16. The ADR practitioner was respectful to me.	1	2	3	4	5	
17. The ADR practitioner told me what I should agree to.	1	2	3	4	5	
18. If the ADR practitioner met with me/my side separately (caucus), it was helpful.	1	2	3	5	5	N/A
19. If an agreement was reached, it met my needs.	1	2	3	4	5	N/A
20. If an agreement was written, I understood it.	1	2	3	4	5	N/A
21. This process helped me consider if the agreement was realistic.	1	2	3	4	5	N/A
22. I would suggest this ADR process to others.	1	2	3	4	5	
23. I am glad ADR services are available.	1	2	3	4	5	
24. Overall, I was satisfied with this ADR session.	1	2	3	4	5	

>>>>> **Turn Page Over, Please** <<<<<<

25. Who suggested the possible solution(s)? Check **all** that apply)

- I did The other side(s) The ADR practitioner The lawyers No solutions were suggested

26. We: (Check **all** that apply)

- Agreed to continue for another session Agreed on **some** issues Agreed on **all** issues Did **not agree** on any issues

27. Do you think this case went to ADR:

- Too Early Right Time Too Late Don't know

Additional comments: _____

28. The ADR Practitioner told me what outcome(s) might occur if my case went to trial. Yes No Not sure

29. The ADR Practitioner:

- Ended the session too quickly Allowed the right amount of time Made the session too long

30. I came to this session because: (Check **all** that apply)

- My choice Judge Recommended Judge Ordered My Attorney Recommended Other: _____

31. I would use this process again. Yes No Not sure Why? _____

32. Is there anything else you want to tell us about your experience?

33. (Choose **yes** or **no**) **I would like to help this program improve, so I agree to be contacted to discuss my ADR experience.**

I understand that all of my case information and any discussions that occurred in the ADR process will remain confidential, even if I agree to be contacted.

- Yes. No, thank you.

(Please provide your contact information below **only if** you check "Yes.")

Name (please print): _____ Best time to reach me: Morning Afternoon Evening

Phone Number(s): _____ E-mail Address: _____

We request that you provide the following information **VOLUNTARILY**. This information will be used for statistical purposes only.

34. Female Male 35. Your Age: 19 and under 20-29 30-39 40-49 50-59 60+

36. Check **all** that apply:

- Hispanic/Latino American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

37. Education (highest level):

- 1st - 8th Grade High School/GED Degree 2-yr College Degree/Professional Certificate 4-yr College Degree Graduate Degree

38. Household Income:

- Up to \$19,999 \$20,000-\$39,999 \$40,000-\$59,999 \$60,000-\$79,999 \$80,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000+

39. Military Active: Yes No

40. Military Veteran: Yes No