

**UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT**

**Appellate Mediation Program**

**CONFIDENTIAL MEDIATOR REPORT**

Short Caption \_\_\_\_\_

Case Number \_\_\_\_\_

Mediator's Name and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a settlement agreement reached?  Yes  No  
 Full  Partial

Date of First Contact with the Parties \_\_\_\_\_

Date Settlement Agreement Signed/Mediation Terminated \_\_\_\_\_

Total Mediator Time \_\_\_\_\_

Who Participated:

Lawyers Only  Lawyers and Clients  Nonparties

**FORM 29. Confidential Mediator Report (continued)**

How did you conduct the mediation?

- Number of Face-to-Face Meetings
- Number of Telephone Conferences
- Number of Written Submissions
- Number of Other Contacts/Conferences

If the case was settled, please describe any elements in the settlement (*e.g.*, an apology) that could not have been obtained through judicial disposition:

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On a separate sheet of paper, please evaluate the mediation. For example, were the techniques you used effective? Did the mediation present any unusual problems? If the case settled, what did you do to achieve that result? In hindsight, would you do anything differently? How can the mediation program be improved?

Did you have expertise in the legal issues involved in the case?

- Yes     No

What impact, if any, did this have on the mediation? \_\_\_\_\_

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Was the Circuit Mediation Office responsive/supportive?

- Yes     No

Will you recommend others join the program as volunteer mediators?

- Yes     No

Will you participate in the mediation program again?

- Yes     No

**FORM 29. Confidential Mediator Report (continued)**

Comments/suggestions, please: \_\_\_\_\_

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\_\_\_\_\_

Thank you for your participation in the program. Please return this completed form to:

Nancy Bradley  
Mediation Specialist  
United States Court of Appeals for the Federal Circuit  
717 Madison Place, NW  
Washington, DC 20439

