

STATE OF VERMONT

SUPERIOR COURT

CIVIL DIVISION

Unit

Docket No.:

<i>Plaintiff(s)</i>	VS.	<i>Defendant(s)</i>
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ALTERNATE DISPUTE RESOLUTION REPORT

Date of ADR Session \_\_\_\_\_ Starting Time \_\_\_\_\_ Finishing Time \_\_\_\_\_

1. Please indicate the names and addresses of all persons participating in the ADR Session. If either party is a corporation or company, please indicate the name and title of the representative. **Identify with an asterisk (\*) the representative of each party who had decision making authority.**

Name	Representative & Title If Applicable	Street Address	City, State, Zip
<i>Plaintiff</i>			
<i>Plaintiff's Counsel</i>			
<i>Defendant</i>			
<i>Defendant's Counsel</i>			
<i>Insurance Carrier</i>			
<i>Defendant</i>			
<i>Defendant's Counsel</i>			
<i>Insurance Carrier</i>			
<i>Other</i>			

2. Please summarize any substitute arrangement made regarding attendance at the ADR Session.

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3. Were all appropriate parties in attendance?  Yes  No If No, who failed to appear? \_\_\_\_\_

4. Were all parties prepared & did all participate in good faith?  Yes  No

If No, who did not comply? \_\_\_\_\_

5. Did each party have a representative present with sufficient authority to participate in good faith to settle the dispute at the time of the ADR Session?  Yes  No

6. Did the case settle?  Yes  No (If settlement was reached, please append the agreement of the parties.)

7. If the case did not settle:

A. Can the scope of this dispute be narrowed by stipulation of the parties? If so, please describe:

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B. Did the parties agree to a further ADR session?  Yes  No  N/A

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Neutral (signature) \_\_\_\_\_