

Case Data Divorce Mediation Completion Information

Note to Mediators: At the close of each case, OR IF NO ACTIVITY ON CASE AFTER 90 DA YS, please complete this form and submit it or you can print it and return it to the program with your monthly invoice. If you final bill for a case, this form must be completed in order for the invoice to be processed.

1. Mediator's name: _____
2. Date of completion: _____
3. County in which the case is or would be filed: _____
4. Assigned Intake ID #(e.g. 10-JKLK): _____
Docket number (if available with permission): _____
5. Names of parties (if available with permission): _____

6. How many sessions? ____ 1-3 ____ 4-6 If more, how many? ____
7. How many total case minutes? ____ 15-60 ____ 65-90 ____ 90-180 If more, how many? ____
8. How many children were affected by this mediation? ____
Number of children at each age? ____ birth-5 ____ 6-12 ____ 13-18 ____ Dependent over 18
9. Issues Mediated: Please check issues mediated and agreement information for each issue.

	<u>Mediated</u>		<u>Agreement Reached</u>		
financial - assets/debt	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
spousal support	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
child support	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
PR&R Physical	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
PR&R Legal	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
schedule for child	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
transportation	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
parenting issues	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>
other	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	partial <input type="checkbox"/>

10. Was Client Satisfaction Questionnaire given to parties? ☐ yes
☐ If no, why not? _____
- I 1. To your knowledge, were all disputed issues resolved in mediation? ☐ yes ☐ no
If yes, were all issues resolved before or after filing? ☐ before ☐ after
If no, will the parties be asking for resolution by the court? ☐ yes ☐ no ☐ unsure
12. Were the parties represented or did they consult with an attorney *at any time*?
Party 1 ☐ Mother ☐ Father ☐ no (pro se) ☐ yes (attorney)
Party 2 ☐ Mother ☐ Father ☐ no (pro se) ☐ yes (attorney)

If mailing this form, please return to:
Vermont Family Court Mediation Program
Office of the Court Administrator
109 State Street
Montpelier, VT 05609-0701