

## Case Data Divorce Mediation Completion Information

Note to Mediators: At the close of each case, *OR IF NO ACTIVITY ON CASE AFTER 90 DAYS*, please complete this form and submit it or you can print it and return it to the program with your monthly invoice. If your 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-JKLLK): \_\_\_\_\_  
 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? \_\_\_\_\_
11. 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