

FORECLOSURE DIVERSION PROGRAM
Maine Administrative Office of the Courts
P.O. Box 4820
Portland, ME 04112

Exit Survey
MEDIATION

Name of Mediator: _____ Date of Mediation: _____

I am: Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney

Name and contact information (Optional): _____

1. Please indicate the extent to which you agree with the following statements:
 - a. The mediator explained the process so that I knew what to expect during the mediation session.
Strongly Agree Agree Not Sure Disagree Strongly Disagree
 - b. The mediator was fair.
Strongly Agree Agree Not Sure Disagree Strongly Disagree
 - c. I was satisfied with the way the mediator handled the case.
Strongly Agree Agree Not Sure Disagree Strong Disagree
 - d. Mediation helped us explore different ideas to resolve the case.
Strongly Agree Agree Not Sure Disagree Strongly Disagree
 - e. I was satisfied with the outcome of the mediation session.
Strongly Agree Agree Not Sure Disagree Strong Disagree

2. Mediation had the following impact on this case:

Settled the case	No impact
Settled some of the issues	Other
Moved the case toward settlement	

3. Please use this space and/or the back of this form to share any other comments about your experience.

If you wish to comment further on your experience, please contact:
Lauren Blake Weliver, Manager of the Foreclosure Diversion Program, at 822-0706 or at FDMP@maine.gov.