
**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
ADR ATTENDANCE FORM/CIVIL DIVISION**

PLEASE MAIL WITHIN 10 DAYS OF THE COMPLETION OF THE ADR PROCESS TO:
ELIZABETH STRICKLAND, ADR ADMINISTRATOR
SANTA CLARA COUNTY SUPERIOR COURT
191 N. FIRST STREET, SAN JOSÉ, CA, 95113
OR FAX TO 408-882-2595

Case Name: _____ Case No: _____

Your Name: _____ Your Phone Number: _____

ADR Process: Mediation Neutral Evaluation Other (specify): _____

Instructions: This form will be used for evaluation of the ADR program. List the names, addresses, phone numbers, and fax numbers, as available, for all parties, attorneys and other party representatives who participate in any ADR session in this case, either in person or by phone. Attach additional pages, if necessary.

Dates of ADR Sessions:

PARTIES

(Counsel should place an X by the names of parties who may not be contacted for an evaluation of the ADR program without counsel permission.)

Name: _____
Address: _____

Name: _____
Address: _____

Phone: _____
FAX: _____

Phone: _____
FAX: _____

Name: _____
Address: _____

Name: _____
Address: _____

Phone: _____
FAX: _____

Phone: _____
FAX: _____

Name: _____
Address: _____

Name: _____
Address: _____

Phone: _____
FAX: _____

Phone: _____
FAX: _____

ATTORNEYS

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

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Representing _____

Name: _____
Address: _____

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FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

OTHER PARTY REPRESENTATIVES

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____

Name: _____
Address: _____

Phone: _____
FAX: _____
Representing _____