UNITED STATES DISTRICT COURT
FOR THE
WESTERN DISTRICT OF TENNESSEE

MEDIATION SESSION REPORT

Please complete and return this form to the Clerk's Office Mediation Program Coordinator within ten days following conclusion of each mediation session. Thank you.

MEDIATOR: _____ _____
Printed Name Signature

REFERRING JUDGE: _____

CASE NUMBER: _____

CASE STYLE _____ vs. _____

DATE SESSION HELD: _____

This was the 1st [ ] session held in this case.
2nd [ ]
3rd [ ]
4th [ ]
(Specify)___ [ ]

Total Time Actually Spent in this Conference: _____

RESULTS:

SETTLED: [ ] NOT SETTLED: [ ]

PARTIES IN ATTENDANCE: Plaintiff(s) [ ] Defendant(s) [ ]

Issues remaining: _____
_____
_____
_____
_____

Follow Up Recommended Yes [ ] No [ ]
Follow Up Scheduled Yes [ ] No [ ] When?_____

Fees Paid
By Plaintiff(s) Yes [ ] No [ ]
By Defendant(s) Yes [ ] No [ ]

Comments/Recommendations Concerning the Mediation Program: