

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: NH SUPREME COURT

Case Name: _____

Case Number: _____
(if known)

APPELLATE MEDIATION QUESTIONNAIRE
MEDIATOR _____
DATE OF MEDIATION _____

1. **Mediation had the following impact on this case: (Fill all that apply)**
 settled the case little or no impact
 allowed the parties to better understand each other

2. **What did the mediator do well during your mediation session?**

3. **What could the mediator have done better during the mediation session?**

4. **What do you like about the mediation program?**

5. **How would you change the mediation program?**

6. **Please provide any other comments you think would be helpful in evaluating the effectiveness and quality of the mediator or the mediation process.**

Please place completed questionnaire in sealed envelope and return to
Trial Court Center
Appellate Mediation
45 Chenell Drive, Suite 2
Concord NH 03301