

MEDIATOR'S COMPLETION REPORT

(To be submitted by the Mediator(s) to the DAC)

File No.

Name & Address of the Mediator(s):

Details of Parties:

1.

2.

If more Parties (Name & Address):

Signature of Mediator(s)

* Complete this report after the end of the final mediation session in a case.

* Do not complete this Form if the Mediation Process is continuing.

* This report is confidential and has to be submitted to the DAC only and not to the parties.

REPORT

The undersigned Mediator(s) report the following results of the mediated settlement conference in this case:

1. 1st Mediation session was scheduled on (date)

at (time)

Parties attended: All Some None

In case of some, Party(ies) attended:

2. Names of lawyers, representatives or others who were present:

3. Number of sessions held:

4. Date of completion:

5. The following results occurred as a result of this Mediation process:

- | | |
|---|--|
| <input type="checkbox"/> Dispute Fully Resolved | <input type="checkbox"/> Separate Settlement agreement made and signed |
| <input type="checkbox"/> Dispute Partially Resolved | <input type="checkbox"/> No settlement agreement made |
| <input type="checkbox"/> Dispute not Resolved | <input type="checkbox"/> Separate Settlement agreement made and signed |
| <input type="checkbox"/> Mediation not held due to: | <input type="checkbox"/> No settlement agreement made |
| | <input type="checkbox"/> Non appearance of Parties |
| | <input type="checkbox"/> All <input type="checkbox"/> Some |

In case of some, Party(ies) absented:

Date:

Signature of Mediator(s)