## SUPREME COURT OF NEVADA SETTLEMENT PROGRAM SURVEY - PARTICIPANT

Your responses will be used to improve the Settlement Program. Only Settlement Program staff will view the actual survey forms. Settlement Judges and other court staff may receive summaries of the information provided on the survey forms. No identifying information will be released.

Your Name:	Phone Number:
Case Name:	SC Case Number:
Name of Settlement Judge:	

## 1. Please rate the <u>settlement judge</u> on the following factors:

	OUTSTANDING	GOOD	FAIR	UNSATISFACTORY
Impartiality				
Mediation Skills				
Management of the Process				
Professionalism				
Listening Skills/Allowing all participants to speak				
Explanation of the Mediation Process				
Explanation and Assurance of Confidentiality in the Process				
Set a Positive Tone for the Mediation				

## 2. Please indicate your level of agreement with the following statements:

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
I was prepared to attend the session and				
knew what to expect.				
I understood the mediation process and				
the role of the settlement judge.				
I had an opportunity to explain my				
position.				
I gained a better understanding of the				
other side's concerns.				
I gained a better overall understanding of				
the issues.				
Overall, the process was beneficial.				

3.	Please rate	e the	following	based	on	your	experience	with	the	settlement	program,	in
	general:											

	OUTSTANDING	GOOD	FAIR	UNSATISFACTORY	N/A*
Helpfulness/Knowledge of Program Staff					
Information on Program Website					
Use of Program Forms					
Overall Satisfaction with the Program					

4. Please feel free to add any additional comments regarding your experience:

<sup>\*</sup>Not Applicable or Did Not Use.