OFFICE OF THE EXECUTIVE SECRETARY
DISPUTE RESOLUTION SERVICES
CIRCUIT COURT MEDIATION REPORT FORM

Mediator Name: _____Certification No.: _____

Mediator Name: _____Certification No.: _____

Parties: _____v. _____

Referring Circuit Court: _____

Mediation Date(s): _____

Circuit Court-Civil Case Type: _____

Circuit Court-Family Case Type: _____

Case Outcome: (Circle the appropriate number)

01 Complete Agreement
02 Partial Agreement
03 No Agreement
04 Other (please specify) _____

Please attach completed Evaluation of Mediation Session(s) and Mediator(s) Forms.

Comments:

_____
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Please return this form to:
Office of the Executive Secretary
Dispute Resolution Services
100 North Ninth Street
Richmond, Virginia 23219