

## MEDIATOR'S COMPLETION REPORT

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

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 Institution 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)