

STATE OF VERMONT

SUPERIOR COURT
Vermont Unit

ENVIRONMENTAL DIVISION
Docket No.:

ALTERNATIVE DISPUTE RESOLUTION REPORT

Report due from mediator within 15 days of completion of mediation

Date of ADR Session: _____ State Time: _____ End Time: _____

1. Please indicate the names and addresses of all persons participating in the ADR Session. If any party is a corporation or other entity, please indicate the name and title of the representative. Identify with an asterisk the representative of each party who had decision-making authority. *(Attach additional sheets, if necessary.)*

Name	Representative & Title If Applicable	Mailing Address	City, State & Zip Code
<i>Appellant/Plaintiff</i>			
<i>Appellant/Plaintiff's Counsel</i>			
<i>Appellee/Defendant</i>			
<i>Appellee/Defendant's Counsel</i>			
<i>Municipality/State</i>			
<i>Municipality/State's Counsel</i>			
<i>Interested Parties/Other</i>			

2. Were all appropriate parties in attendance? ☐ Yes ☐ No
If No, who failed to appear? _____
Please summarize any substitute arrangement made regarding attendance at the ADR Session.

3. Was full or partial settlement reached at the session? ☐ Yes ☐ No
If Yes, please summarize and append any agreement of the parties.

Dated _____

Mediator's Signature