

STATE OF VERMONT
COUNTY OF _____, ss.

Plaintiff (s))	
)	_____ Superior Court
V.)	
)	Docket No. _____
Defendant(s))	

ALTERNATE DISPUTE RESOLUTION REPORT

Date of ADR Session _____ **Starting Time** _____ **Finishing Time** _____

1. Please indicate the names and addresses of all persons participating in the ADR Session. If either party is a corporation or company, please indicate the name and title of the representative. **Identify with an asterisk the representative of each party who had decision-making authority.**

Name	Representative & Title, If Applicable	Street Address	City, State & Zip Code
Plaintiff			
Plaintiff's Counsel			
Defendant			
Defendant's Counsel			
Insurance Carrier			
Defendant			
Defendant's Counsel			
Insurance Carrier			
Other			

2. Please summarize any substitute arrangement made regarding attendance at the ADR Session.

3. Were all appropriate parties in attendance? _____ If no, who failed to appear? _____
4. Were all parties prepared & did all participate in good faith? _____ If not, who did not comply? _____
5. Did each party have a representative present with sufficient authority to participate in good faith to settle the dispute at the time of the ADR Session? _____
6. Did the case settle? _____ (If settlement was reached, please append the agreement of the parties.)
7. If the case did not settle:
- A. Can the scope of the dispute be narrowed by stipulation of the parties? If so, please describe:
- _____
- _____
- B. Did the parties agree to a further ADR session? Yes No N/A

Name (printed)	Neutral (signature)	Date
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