

**NORTHERN VIRGINIA MEDIATION SERVICE  
NOTICE OF MEDIATION**

|           |   |              |
|-----------|---|--------------|
| Plaintiff | } |              |
|           | } |              |
| vs.       | } | Court Number |
|           | } |              |
| Defendant |   |              |

The parties in the above case are currently participating in a mediation. Please pass over the case until the mediation session is completed. The mediation will be occurring in the following location:

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The parties will be brought back into the courtroom at the completion of the mediation session.

Respectfully submitted,

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**Court Case Packet**

**COURT MEDIATION INTAKE FORM**

**COURT INFORMATION**

Pre-Mediation

|   |  |                                  |  |
|---|--|----------------------------------|--|
| <b>COUNTY (circle one):</b> Arlington          Fairfax          Loudoun          Falls Church |  |                                  |  |
| <b>COURT (circle one):</b> Small Claims   |  | General District                 |  |
| <b>Today's Date:</b> /          /   |  |                                  |  |
| <b>Referring Judge:</b>   | <b>Court Room:</b> 2A    2B    2G    _____ |                                  |  |
| <b>Mediator 1:</b>  | <b>Cert #:</b>                             | <b>Exp. Date:</b> ____/____/____ |  |
| <b>Mediator 2:</b>  | <b>Cert #:</b>                             | <b>Exp. Date:</b> ____/____/____ |  |
| <b>Mentee:</b>  |  |                                  |  |
| <b>TYPE (circle type and number): if applicable</b>   |  |                                  |  |
| Observation   | Co-Mediation                               | Non-Mentored Co-Mediation        |  |
| 1st 2nd   | 1st 2nd 3rd 4th                            | _____                            |  |

**CASE INFORMATION**

During Session

|  |   |               |                              |
|--|---|---------------|------------------------------|
| <b>Plaintiff:</b>  | <b>Defendant:</b>   |               |                              |
| Company:   | Company:  |               |                              |
| Attorney:  | Attorney:   |               |                              |
| <b>Court Case Number:</b><br>(if applicable) Counterclaim: | <b>Date Case Filed in Court:</b> /          /<br>Found on Warrant in Debt |               |                              |
| <b>CASE TYPE (circle one):</b>                             |   |               |                              |
| Animals/Pets   | Consumer/Merchant   | Contract/Debt | Criminal/Restorative Justice |
| Employment   | Landlord/Tenant   | Neighborhood  | Other _____                  |

**CASE OUTCOME**

|  |  |
|--|--|
| <b>Hours:</b>  | <b>Number of Parties:</b>  |
| <b>Result (circle one):</b>  | <b>Description</b>   |
| <b>A:</b> Agreement  | Parties reached an agreement.  |
| <b>NA:</b> No Agreement  | Parties did not reach an agreement after mediation.  |
| <b>T:</b> Terminated   | Process deemed inappropriate by mediators.   |
| <b>W:</b> Withdrawal   | Parties did not sign Agreement to Mediate after Judge Referral.  |
| <input type="checkbox"/>   | <b>Evaluations Completed?</b><br>If not, please explain: _____   |
| <b>Required Copies</b>   |  |
| <b>NVMS</b><br><input type="checkbox"/> Intake Form<br><input type="checkbox"/> Agreement to Mediate (Signed)<br><input type="checkbox"/> Agreement (If Applicable)<br><input type="checkbox"/> Evaluation Forms | <b>Parties</b><br><input type="checkbox"/> Agreement to Mediate (Signed) x2<br><input type="checkbox"/> Agreement (If Applicable) x2 |
| <b>Court</b><br><input type="checkbox"/> Report to Court<br><input type="checkbox"/> Agreement (If Applicable)   |  |
| <b>NVMS STAFF USE ONLY:</b>  |  |
| <b>NVMS Database (Check)</b> _____   | <b>OES-DRS INVOICE #</b> _____ <b>M.I.S. Entered Date:</b> _____   |



NVMS Conflict Resolution Center  
**AGREEMENT TO PARTICIPATE IN MEDIATION**

We, the undersigned, understand and agree to the following:

**1. DEFINITION OF MEDIATION:** A process in which a neutral (the mediator) assists parties to a conflict in finding a mutually acceptable solution to their dispute.

**2. ROLE OF THE MEDIATORS:** The mediators will facilitate discussion between the parties by assisting them in communicating, identifying, and clarifying issues and exploring potential solutions. The mediators will use a facilitative style of mediation. The parties decide the outcome.

**3. ROLE OF THE PARTIES:** The parties will participate in good faith, work together, and agree to treat each other with respect and courtesy.

**4. CONFIDENTIALITY:** By this agreement and by statute, the communications made during and in connection with mediation are confidential. The terms of Virginia Code Section 8.01-581.22 are incorporated here:

All memoranda, work products and other materials contained in the case files of a mediator or mediation program are confidential. Any communication made in or in connection with the mediation, which relates to the issues being mediated, including screening, intake, and scheduling a mediation, whether made to the mediator, mediation program staff, to a party, or to any other person, is confidential.

However, a written mediated agreement signed by the parties shall not be confidential, unless the parties otherwise agree in writing. The Mediator will not provide written assessments, evaluations, or recommendations that relate to the topics mediated to any persons, including the participating parties.

Confidential materials and communications are not subject to disclosure in discovery or in any judicial or administrative proceeding except:

- i. where all parties to the mediation agree, in writing, to waive the confidentiality; (ii) in a subsequent action between the mediator or mediation program and a party to the mediation for damages arising out of the mediation;
- ii. statements, memoranda, materials and other tangible evidence, otherwise subject to discovery, which were not prepared specifically for use in and actually used in the mediation;
- iii. where a threat to inflict bodily injury is made;
- iv. where communications are intentionally used to plan, attempt to commit, or commit a crime or conceal an ongoing crime;
- v. where an ethics complaint is made against the mediator by a party to the mediation to the extent necessary for the complainant to prove misconduct and the mediator to defend against such complaint;
- vi. where communications are sought or offered to prove or disprove a complaint of misconduct or malpractice filed against a party's legal representative based on conduct occurring during a mediation;
- vii. where communications are sought or offered to prove or disprove any of the grounds listed in 8.01-581.26 in a proceeding to vacate a mediated agreement; or
- viii. as provided by law or rule.

**5. COMPLAINTS AGAINST MEDIATORS:** If someone who is not a party to the mediation files an ethics complaint against the mediator, confidentiality will be waived to the extent necessary for the complainant to prove misconduct and the mediator to defend against the complaint.

**6. MANDATORY REPORTING:** According to Virginia Code §63.2-1509, if mediators have reason to suspect that a child is abused or neglected, they must report the suspected abuse immediately. Therefore, the information about the abuse is not confidential.

**7. VOLUNTARY:** Mediation is voluntary. The parties or the mediators may decide to stop the mediation at any time for any reason. If there is an order to mediate by a court, the parties are only required to attend an initial orientation session. They may choose at that time whether to continue through the mediation process. No substantive information about the mediation is provided to the court or other referring agency. Either party may choose to end the session if they feel their participation is no longer voluntary.

**8. JOINT & SEPARATE SESSIONS:** The mediation will generally occur with all parties present. The mediators may also meet separately with each party during the process.

**9. LEGAL ADVICE:** The mediators do not provide legal advice. Each party to the mediation has the opportunity to consult with independent legal counsel at any time and is encouraged to do so.

**10. AGREEMENT:** All terms of a settlement are non-binding until they are put into a written agreement and signed by all parties. Any signed, mediated agreement may affect the legal rights of the parties. Each party to the mediation should have any draft agreement reviewed by independent counsel prior to signing the agreement.

We, the parties, in order to protect the confidentiality of mediation, understand and agree to the terms presented on pages 1 and 2 of this Agreement to Participate in Mediation form provided by the NVMS – Conflict Resolution Center.

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Participant's Attorney (if present)      Date

\_\_\_\_\_  
Participant's Attorney (if present)      Date

\_\_\_\_\_  
Mediator                                      Date

\_\_\_\_\_  
Mediator                                      Date

\_\_\_\_\_  
Other person present                      Date

\_\_\_\_\_  
Other person present                      Date







**NORTHERN VIRGINIA MEDIATION SERVICE  
MEDIATION REPORT TO COURT**

|       |           |   |                    |
|-------|-----------|---|--------------------|
| _____ | Plaintiff | } |                    |
|       |           | } |                    |
|       | vs.       | } | _____ Court Number |
|       |           | } |                    |
| _____ | Defendant | } |                    |

The undersigned Mediator reports to the Court that a mediation session was scheduled for the above parties on \_\_\_\_\_

- THE PLAINTIFF DID NOT APPEAR.
- THE DEFENDANT DID NOT APPEAR.
- BOTH PARTIES ATTENDED THE ORIENTATION SESSION, BUT MEDIATION DID NOT TAKE PLACE.
- BOTH PARTIES APPEARED, BUT WERE UNABLE TO REACH A MEDIATED AGREEMENT.
- BOTH PARTIES APPEARED AND WERE ABLE TO REACH A MEDIATED AGREEMENT (SEE ATTACHED).
- OTHER: \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_

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**Court Case Packet**

**SUPREME COURT OF VIRGINIA**  
**Office of the Executive Secretary**

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**Evaluation of Mediation Session(s) and Mediator(s)**

This information will be used to inform the court system and the mediator(s) about your experience with mediation. With your help, we can ensure that quality mediation services continue to be available to the citizens of the Commonwealth. This information may be shared with the mediator(s).

**I. Session Evaluation**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

1. I am (check one):  a party to the dispute  an attorney representing a party

2. For this case, mediation was (check one):

very appropriate

somewhat appropriate

not at all appropriate

Comments:

\_\_\_\_\_  
\_\_\_\_\_

3. Total hours spent in the mediation session(s): \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

4. The mediation process was:

very helpful

somewhat helpful

not at all helpful

5. Mediation ended with an agreement on:

all of the issues

some of the issues

none of the issues

6. Would you use mediation again?  yes  no

7. Would you recommend mediation to others?  yes  no

**II. Mediator Evaluation**

Mediator A: \_\_\_\_\_  
 Print First & Last Name

Mediator B: \_\_\_\_\_  
 Print First & Last Name

\_\_\_\_\_  
 Mediator's Certification Number

\_\_\_\_\_  
 Mediator's Certification Number

Please rate your mediator(s) on the following. Circle the appropriate number.

**5 = Very Good 4 = Good 3 = Adequate 2 = Unsatisfactory 1 = Poor 0 = Does not apply**

| The Mediator . . .   | Mediator A  | Mediator B  |
|--|-------------|-------------|
| 1. explained the mediation process and procedures.   | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 2. provided useful information.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 3. was a good listener.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 4. allowed me to talk about issues that were important to me.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 5. was respectful.   | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 6. helped clarify issues.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 7. encouraged us to come up with our own solutions.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 8. informed me that I could consult an attorney. <input type="checkbox"/> yes <input type="checkbox"/> no                                      |             |             |
| 9. was neutral. <input type="checkbox"/> yes <input type="checkbox"/> no   |             |             |
| 10. wrote our agreement clearly and accurately <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply |             |             |
| 11. Share any comments on the mediation process and/or the mediator(s):  |             |             |

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Please return this Form to the Mediator or Program Director, or mail directly to:

Dispute Resolution Services  
 Office of the Executive Secretary  
 Supreme Court of Virginia  
 100 North Ninth Street  
 Richmond, VA 23219

**FORM ADR-1002** revised July 2008

|  |
|--|
| <u><b>FOR MEDIATOR USE ONLY</b></u>  |
| Northern Virginia Mediation Service<br>4041 University Drive Suite 101, Fairfax, VA<br>22030 |
| Mediator A Name: _____   |
| Mediator B Name: _____   |
| Type of Dispute: _ _____   |
| Source of Referral: _____  |

**SUPREME COURT OF VIRGINIA**  
**Office of the Executive Secretary**

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**Evaluation of Mediation Session(s) and Mediator(s)**

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**I. Session Evaluation**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

1. I am (check one):  a party to the dispute  an attorney representing a party

2. For this case, mediation was (check one):

very appropriate

somewhat appropriate

not at all appropriate

Comments:

\_\_\_\_\_  
\_\_\_\_\_

3. Total hours spent in the mediation session(s): \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

4. The mediation process was:

very helpful

somewhat helpful

not at all helpful

5. Mediation ended with an agreement on:

all of the issues

some of the issues

none of the issues

6. Would you use mediation again?  yes  no

7. Would you recommend mediation to others?  yes  no

**II. Mediator Evaluation**

Mediator A: \_\_\_\_\_  
 Print First & Last Name

Mediator B: \_\_\_\_\_  
 Print First & Last Name

\_\_\_\_\_  
 Mediator's Certification Number

\_\_\_\_\_  
 Mediator's Certification Number

Please rate your mediator(s) on the following. Circle the appropriate number.

**5 = Very Good 4 = Good 3 = Adequate 2 = Unsatisfactory 1 = Poor 0 = Does not apply**

| The Mediator . . .   | Mediator A  | Mediator B  |
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| 3. was a good listener.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 4. allowed me to talk about issues that were important to me.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 5. was respectful.   | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 6. helped clarify issues.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 7. encouraged us to come up with our own solutions.  | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 8. informed me that I could consult an attorney. <input type="checkbox"/> yes <input type="checkbox"/> no                                      |             |             |
| 9. was neutral. <input type="checkbox"/> yes <input type="checkbox"/> no   |             |             |
| 10. wrote our agreement clearly and accurately <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply |             |             |
| 11. Share any comments on the mediation process and/or the mediator(s):  |             |             |

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 Office of the Executive Secretary  
 Supreme Court of Virginia  
 100 North Ninth Street  
 Richmond, VA 23219

**FORM ADR-1002** revised July 2008

FOR MEDIATOR USE ONLY

Northern Virginia Mediation Service  
 4041 University Drive Suite 101, Fairfax, VA  
 22030

Mediator A Name: \_\_\_\_\_

Mediator B Name: \_\_\_\_\_

Type of Dispute: \_ \_\_\_\_\_

Source of Referral: \_\_\_\_\_