

**SUPREME COURT OF NEVADA**  
**SETTLEMENT PROGRAM SURVEY - PARTICIPANT**

*Your responses will be used to improve the Settlement Program. Only Settlement Program staff will view the actual survey forms. Settlement Judges and other court staff may receive summaries of the information provided on the survey forms. No identifying information will be released.*

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case Name: \_\_\_\_\_ SC Case Number: \_\_\_\_\_

Name of Settlement Judge: \_\_\_\_\_

1. Please rate the settlement judge on the following factors:

	<b>OUTSTANDING</b>	<b>GOOD</b>	<b>FAIR</b>	<b>UNSATISFACTORY</b>
Impartiality				
Mediation Skills				
Management of the Process				
Professionalism				
Listening Skills/Allowing all participants to speak				
Explanation of the Mediation Process				
Explanation and Assurance of Confidentiality in the Process				
Set a Positive Tone for the Mediation				

2. Please indicate your level of agreement with the following statements:

	<b>STRONGLY AGREE</b>	<b>SOMEWHAT AGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>STRONGLY DISAGREE</b>
I was prepared to attend the session and knew what to expect.				
I understood the mediation process and the role of the settlement judge.				
I had an opportunity to explain my position.				
I gained a better understanding of the other side's concerns.				
I gained a better overall understanding of the issues.				
Overall, the process was beneficial.				

