



Fax: 848-480-2302

Email: ADR.SCofBT@gmail.com

ADR MEDIATION COMPLETION FORM

Date of Mediation:

Complainant/Homeowner:

Full Name: _____

Address: _____

VS

PARTY 2

Full Name: _____

Address: _____

Mediation Status (Please Check One)

1. _____ Mediation not held (name(s)) _____ did not appear.
2. _____ Case Totally resolved.
3. _____ Case resolved in part.
4. _____ Case Totally unresolved.

If Item #2 or #3 are checked, please describe the applicable terms of the resolution below. (Use other side if necessary.)

Signature of Mediator: _____

Please print Mediator's Name: _____

Signature of Complainant: _____

Please print Complainant: _____

Signature of Party 2: : _____

Please print Party 2: _____

(To be completed by the Mediator)

Continuation of Item #2 or #3:

[illegible]