IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Alternative Dispute Resolution Summary

Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.

1. Civil Action number: _____

2. Style of case: _____

3. Nature of suit: _____

4. Method of ADR used: Mediation Mini-Trial Summary Jury Trial

5. Date ADR session was held: _____

6. Outcome of ADR *(Select one)*:

   Parties did not use my services. Settled, in part, as a result of ADR.

   Settled as a result of ADR. Parties were unable to reach settlement.

   Continuing to work with parties to reach settlement *(Note: provider must file supplemental ADR Summary Form at conclusion of his/her services).*

7. What was your TOTAL fee: _____

8. Duration of ADR: _____ (i.e., one day, two hours)

9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

Please provide the names, addresses, and telephone number of counsel on the reverse of this form.

10. Provider information:

_____ _____
Signature Date

_____ _____
Address Telephone

Alternative Dispute Resolution Summary

Continued

Please provide the names, addresses, and telephone numbers of counsel:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____