

[Clear Form](#)

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

MEDIATION QUESTIONNAIRE

MEDIATOR _____ **DATE OF MEDIATION** _____

You may fill out the questionnaire online by scanning the QR CODE on the upper left-hand corner.
Otherwise, please fill out this questionnaire and place it in a sealed envelope to return it to the mediator or other court staff. Your experience during mediation is important to us.

1. Mediation had the following impact on this case:
☐ Settled all issues ☐ Settled some issues ☐ Did not settle

Comments: _____

2. The mediator explained the mediation process clearly and answered all of my questions.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

3. I was treated fairly and with respect throughout the mediation process.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

4. The mediator was impartial and treated all parties equally.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

5. The mediator helped us to explore different options to resolve the dispute.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

6. The mediator was prepared for mediation and knowledgeable about the issues involved.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

7. I would use mediation again if needed in this case (or another case).
☐ Yes ☐ Somewhat ☐ No

Comments: _____

8. I would use this mediator again or recommend him or her to others.
☐ Yes ☐ Somewhat ☐ No

Comments: _____

**If you wish to comment further on your mediation experience,
please contact the Office of Mediation & Arbitration at mediation@courts.state.nh.us.**