

IN THE FLOYD CIRCUIT/ SUPERIOR COURTS  
STATE OF INDIANA

ALTERNATIVE DISPUTE RESOLUTION  
FUND PLAN

MEDIATOR'S ADR PLAN SUBMISSION WITH INVOICE

For the purpose of presenting data for the Annual Report on Evaluation of Alternative Dispute Resolution, this Mediator's Report must be submitted upon the passage of sixty (60) days from the time of the filing of the Verified Petition along with the mediation agreement or with the indication that mediation was not successful. **Please attach Invoice**

\_\_\_\_\_, Petitioner

and

CASE NUMBER: 22D03-

\_\_\_\_\_, Respondent

A. Category of Case

Dissolution	[ ]
Legal Separation	[ ]
Paternity	[ ]
Other _____	[ ]

B. Eligibility Criteria

Legal Services Representation	[ ]
Pro Bono Representation	[ ]
Federal Poverty Level Qualifier	[ ]
Other _____	[ ]

C. Service

Mediation	[ ]
Reconciliation	[ ]
Facilitation	[ ]
Parental Counseling	[ ]
GAL	[ ]
Nonbinding Arbitration	[ ]
Other _____	[ ]

D. Names and Ages of Children

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

A. Length of Method of Resolution / Fee Requested

	Method <u>Used</u>	Required <u>Time</u>	Fee <u>Request</u>	Paid by <u>Parties</u>
Mediation	[ ]	_____	\$ _____	\$ _____
MASIC-S	[ ]	_____	\$ _____	\$ _____
Reconciliation	[ ]	_____	\$ _____	\$ _____
Facilitation	[ ]	_____	\$ _____	\$ _____
Parental Counseling	[ ]	_____	\$ _____	\$ _____
Nonbinding Arbitration	[ ]	_____	\$ _____	\$ _____
Guardian Ad Litem	[ ]	_____	\$ _____	\$ _____
Other _____	[ ]	_____	\$ _____	\$ _____

B. Length of Non-Billable Time

	Method <u>Used</u>	Required <u>Time</u>	Pro Bono <u>Hours</u>
Scheduling	[ ]	_____	_____
Preparing/Filing Documents	[ ]	_____	_____
Other _____	[ ]	_____	_____

C. Measurement of Success by Method of Resolution

	Report <u>Submitted</u>	Partially <u>Settled</u>	Not <u>Settled</u>	<u>Resolved</u>
Mediation	[ ]	[ ]	[ ]	[ ]
Reconciliation	[ ]	[ ]	[ ]	[ ]
Facilitation	[ ]	[ ]	[ ]	[ ]
Parental Counseling	[ ]	[ ]	[ ]	[ ]
Arbitration	[ ]	[ ]	[ ]	[ ]
GAL Outcome	[ ]	[ ]	[ ]	[ ]
Other _____	[ ]	[ ]	[ ]	[ ]