

The Middlesex County Bar Association is located at 200 Trade Center
3rd Floor, Room 329, Woburn MA 01801
Telephone Number: 781-939-2797 Fax Number 781-933-1291
e-mail address dianemcba@aol.com

Administration fee is \$100.00 per side. Please make check payable to
Middlesex County Bar Association and mail to the above address

COMMONWEALTH OF MASSACHUSETTS TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT MIDDLESEX DIVISION

ADR REFERRAL FORM- e-mail address dianemcba@aol.com
(to be submitted by Plaintiff's Counsel)

Part I. Case Information

Case Name: _____ Docket No. _____

Case Type/Issue(s): _____

Names, Addresses & Telephone Numbers of Parties/Attorneys: Attorneys e-mail address

E-Mail Address _____

Part II. Referral Information

Referral Date: _____ Referral Source (Person & Event): _____

Case Status: _____

Program(s) Referred to: MIDDLESEX COUNTY BAR ASSOC. CONCILIATION PROGRAM

Referral to: a. _____ ADR Screening
b. Y Dispute Resolution: ___ mediation ___ arbitration Y conciliation ___ case evaluation
___ dispute intervention ___ mini-trial ___ summary jury trial

Comments/Directions: _____

Next Court Date & Event (or other deadlines): _____

Part III. Report back to Court & Next Event Date (TO BE COMPLETED BY PROGRAM PROVIDER)

Program Report: Please report back to the court with the following information before the next court date or within any other time frames indicated below:

- a. Information on Status of Referral:
___ Parties elected/declined to participate in dispute resolution through the Program
___ Parties have not yet decided to enter ADR after initial screening
___ Parties did not contact program
___ Other (please specify) _____
- b. Information on Dispute Resolution Services provided:
___ Type of dispute resolution selected:
___ Dates of dispute resolution session(s): _____
___ Outcome of dispute resolution process: ___ pending ___ settled ___ not settled ___ on-going

Signature of Reporting Program Coordinator: _____ Date: _____
(Print Name)