

**CIRCUIT COURT FOR MONTGOMERY COUNTY  
ADR DATA SHEET**

This form is for statistical purposes only.

Please return this form to: DCM Division, Master Holly Whittier  
50 Maryland Avenue, Rockville, Maryland 20850

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Track: \_\_\_\_\_

Case Type: \_\_\_\_\_

Mediator's Name: \_\_\_\_\_

Mediator's Bar Number: \_\_\_\_\_

Date of ADR session(s): \_\_\_\_\_

Time spent in mediation session: \_\_\_\_\_ hours \_\_\_\_\_ minutes

Time spent in preparation for this case: \_\_\_\_\_ hours \_\_\_\_\_ minutes

**OUTCOME OF MEDIATION:**

\_\_\_\_\_ Settled, line filed.\*

\_\_\_\_\_ Settled, line to be submitted.\*

\$15.00 Clerk's Fee is required. (Cts. and Jud. Proc.Art., Sec.7-202)

**FEE TO BE PAID BY:** \_\_\_\_\_ Plaintiff \_\_\_\_\_ Defendant

\_\_\_\_\_ Settled prior to session.

\_\_\_\_\_ Not settled.

\_\_\_\_\_ Partially settled. (Please provide details in comments below.)

\_\_\_\_\_ Counsel/Parties failed to contact mediator to set appointment.

If settled, please list amount/type of settlement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**