

CIRCUIT COURT FOR MONTGOMERY COUNTY

ADR Outcome Form

This form is for statistical purposes only, and will not be retained in the case file.  
Please return this form to: **Special Magistrate Keith Rosa**  
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.

\_\_\_\_\_ Partial settlement. (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