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 Phone: 410-467-9165 Fax: 410-467-9155 www.CommunityMediation.org

Follow-Up Summary
CMP FAX # 410-467-9155

CMP File # _____ Session # _____ Date: _____

Mediators: This form is to assist the intake staff with obtaining information regarding the outcome of the mediation. Please complete this form and place in Case Return Folder in the packet. Thanks!

Case Return Folder should include: Follow-Up Summary (white), Signed Consent to Mediate (white), Original Copy of Agreement (white), Case Profile/Evaluation for each participant (white), Spread the Word (green), Copy of Mediator Feedback (white), Observer's Checklist (purple).

Mediation Date: _____/_____/_____ Duration of Mediation: _____Hrs. _____Min.

Next Mediation (if applicable) Date:_____/____/_____ Time:_____ Site:_____

Time spent doing feedback _____Min.

(Please attach feedback forms)

Mediators/Observers

Volunteer Hours (include travel time)

_____ Hrs. _____ Min. _____ Apprenticeship

_____ Hrs. _____ Min. _____ Apprenticeship

_____ Hrs. _____ Min. _____ Apprenticeship

_____ Hrs. _____ Min. _____ Apprenticeship

Number of Participants Served: _____

Agreement Reached: (Check one) Verbal _____ Written _____ None _____

Case Not Mediated: (Reason) _____

Comments/Notes: (Any information that would be helpful in setting up future mediations, feedback on sites, etc.) _____

Mediation is a voluntary and confidential process in which a neutral mediator helps people find a win-win solution to their conflict. Mediation lets people speak for themselves and make their own decisions.