ADR PANEL MEMBER: (Name and Address):	FOR COURT USE ONLY
TELEPHONE NO: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA MAILING ADDRESS: P.O. BOX 911	
CITY AND ZIP CODE: MARTINEZ, CA 94553	
BRANCH NAME: MARTINEZ	
CASE NAME:	
NEUTRAL CASE EVALUATION CONFERENCE REPORT	CASE NUMBER:
Neutral Case Evaluation (check one)	
a. did not take place.	
b. settled before.	
c. switched to another ADR process.	
d. took place on <i>(date or dates):</i> and lasted a total of hours.	
2. Neutral Case Evaluation follow-up session(s) continuing.	
I will send a final Neutral Case Evaluation Conference Repo court-ordered ADR completion deadline. If an extension of the inform the parties that they must contact the court.	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF EVALUATOR)
NOTE: Within 10 days of the end of the Evaluation Conference or by the ADR of the Evaluator must forward a copy of this report to the Alternative Dispute Reso	
PLEASE DO NOT INCLUDE ANY CONFIDENTIAL INFORMA	TION ON THIS FORM.
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Complete this form and email to adrweb@contracosta.courts.ca.gov, Fax (925) 608-2109 or mail: ADR Program, P.O. BOX 911, Martinez, CA 94553