

APPENDIX 1

**FEDERAL ADR ACT of 1991, As Amended**

## APPENDIX 2

### **Committee Members**

Earl E. Parsons	Department of Veterans Affairs
Marilyn A. Sanders	Bureau of the Census
Michael Brostowitz	Bureau of Alcohol, Tobacco and Firearms
Vicki Berlanga-Banuelos	Office of the Assistant Secretary for Administration and Management
Richard P. Shewfelt	Federal Aviation Administration
Mary Mann	Department of Labor
Robert Thayer	Environmental Protection Agency
Julia Allen	General Services Administration
Constance T. Liptak	Social Security Administration
Georgia Vlahos	Department of the Navy
Jesse Taylor	Community Relations Service – Department of Justice
John P. Pendley	Bureau of Alcohol, Tobacco and Firearms
Sanford A. Solomon	U.S. Army Corps of Engineers
Mary Savage	Postal Service
Candace Gabriel	Railroad Retirement Board
Sandro Francioni	Customs Service
Lyndia Glasgow	Department of Veterans Affairs
Mark J. Rubic	Federal Milk Market Administrator
Julie Cramer	Federal Executive Board
Sara Brunson	Department of Energy
Joyce Peppers	Federal Aviation Administration

## APPENDIX 3 **Decisionmaking**

### **Context**

The SNAP Program is being run under the auspices of the Chicago Federal Executive Board, whose member agencies ultimately decide the future of the program. The following reflects the agreement of the SNAP Committee on decisionmaking.

### **Decisionmaking**

1. All substantive issues will be brought to the Committee for decision.
2. Decisionmaking does not rest with any one agency or individual, but rather is a collective process among the Committee.
3. Decisions are made via consensus (defined as “a collective opinion arrived at by a group working in an environment that permits open communication so that each person feels s/he has a fair chance to speak.”) While the group will strive for unanimous affirmative decisions, consensus will also include the possibility of one or more members being willing to at least accept (as opposed to fully agreeing with) a given choice.
4. All reasonable effort will be made to obtain consensus.
5. Since consensus relies heavily on discussion and understanding, absent members cannot vote by proxy, but they can send someone to participate in the consensus process.
6. The group can decide to table an issue to allow for additional discussion and/or time for reflection.
7. Once consensus is reached on a given issue, that issue will not be re-addressed unless there is a consensus decision to do so.
8. Members will abide by the decision(s) made in their absence.

### **Norms**

1. Participants will follow through to the best of their ability on the work they agree to accomplish and come to meetings prepared.
2. Every participant will be responsible for ensuring she/he has the authority needed from their own agency to represent that agency’s view.
3. Everyone agrees to participate fully, and to raise issues, concerns, and opinions as they arise.
4. All reasonable effort will be made to provide advanced information on issues to be decided.
5. Reasonable advanced notice, as practicable, will be provided for all meetings.

## APPENDIX 4 **Sample Roster**

June 1, 2007

Molly Mediator  
Very Big Agency  
P.O. Box 456  
Chicago, Illinois 60605  
(312) 231-7654  
[Mediator@vba.il.state](mailto:Mediator@vba.il.state)

Types of cases accepted:

- Workplace
  - EEO
  - Grievance
- Commercial contracts
- Public policy
- Natural resources

Mediation requirements: co-mediation only and no sexual harassment cases.

Mediation training and continuing education: *ABC Basic Mediation Training*, Jan. 1987, 32 hours;  
*XYZ Advanced Mediation in EEO Disputes*, July 1995, 16 hours.

Mediation Experience: *Multnomah County Court-Referred Mediation* 1994-present, approximately 25 single mediations running full gamut of issues (except family); *Rose City Community Mediation*, 1992-present, approximately 15 co-mediations, primarily neighbor disputes, *Very Big Agency*, co-mediated 7 EEO cases.

Occupation: Engineer

Other education/background information: speaks fluent Spanish; familiar with ADA.

Special Requests: Chicago Metro area only.

Mediation Style: facilitative and frequently caucuses

APPENDIX 5  
**Agreement to Mediate\***

\*Note: The agreement on the next page is a mandatory form which must be used. The SNAP Committee reserves the right to approve any additional agency agreements that may be tailored to the needs of the parties or the agency.

**Agreement to Mediate**

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_ (the parties) to enter into mediation.

1. The mediators are neutral facilitators who will help the parties develop their own solutions.
2. Everyone is committed to this process.
3. Everyone understands mediation is not a substitute for independent legal advice. The mediators are not the legal representative of any of the parties and will not give legal advice.
4. Everyone agrees the mediation is confidential, unless otherwise agreed to by the parties. The parties agree that they will not call the mediators to be witnesses, nor will their documents be subpoenaed. However, the mediators are bound to report information as required by statute or court order (5 U.S.C. 574). Agreed-upon exceptions to confidentiality are:
  5. Information originating during the mediation will be used only for the purposes of the mediation, except as required by law.
  6. The parties agree to make a good-faith effort to work together with the aid of the mediators and to make full disclosure of all relevant information.
  7. While all intend to continue with mediation until an agreement is reached, anyone may withdraw from mediation at any time. If a party decides to withdraw from mediation s/he will make best efforts to discuss this decision with the other party and the mediators.
  8. The mediators will stop the mediation if they feel an impasse has been reached, if they cannot maintain their neutrality, or if, for any other reason they cannot perform their role in an ethical and effective manner. The mediators will also make best efforts to discuss this decision with the parties.
  9. The parties waive any right of action, in any form whatsoever, they may have against the mediators, observers, the SNAP Committee, and the Federal Executive Board, for any allegation of wrongful conduct on their part while acting in the course of mediation.
  10. The parties agree not to seek in any form whatsoever, or in any manner whatsoever, any documents sent to, or used by, the Federal Executive Board's Shared Neutrals ADR Program.

\_\_\_\_\_  
Party (Signature and Date)

\_\_\_\_\_  
Party (Signature and Date)

APPENDIX 6  
**Standard Forms**

- Intake Form
- Letter to Parties
- Individual Case Log
- Intake Form
- Party Evaluation of Mediation
- Agency Liaison Evaluation
- Voluntary Debriefing Outline
- Confidential Peer Review Critique
- Mediator Checklist and Case Development

## SHARED NEUTRALS ADR PROGRAM

### Letter to Parties

Dear Mediation Participant:

I appreciate your decision to use the Shared Neutrals ADR Program (SNAP) to mediate your dispute. This letter will help you prepare for your mediation session. Attached is a copy of the Agreement to Mediate, which you will need to sign, and give to your Agency Liaison, before the mediation can proceed, unless already accomplished.

Before your session:

- 1) Review the Agreement to Mediate.
- 2) Organize your presentation.
- 3) Consider options for resolving the conflict and how YOU can help make that happen.
- 4) Collect any documents which you would like to share.

Remember that participation in mediation is voluntary. However, the opportunity for a successful mediation is enhanced by the parties' active participation and their willingness to listen. There will be one or two SNAP mediators there to help. They will not make decisions for you or take sides. Their job is to help you and the other person to reach your own solutions. You are responsible for learning about your rights and collecting the information and the facts you need before the meeting.

While each SNAP mediation is different, here is a brief outline of a typical SNAP mediation process:

- |                      |                                                                                          |
|----------------------|------------------------------------------------------------------------------------------|
| 1) Mediator Opening: | Mediator will provide an explanation of the process.                                     |
| 2) Party Statement:  | Each party will have an opportunity to explain the situation from his/her point of view. |
| 3) Agenda:           | Identification of the issues.                                                            |
| 4) Discussions:      | Discussion of the issues and consideration of solutions.                                 |
| 5) Caucus:           | Mediator may hold a private, confidential meeting with each party during the mediation   |
| 6) Agreement:        | Should the parties reach a solution, a written agreement will be signed by all parties.  |

Mediation is your process. You make all of the decisions about how you want to resolve your situation. Please do not sign any agreement unless you agree with all of its provisions.

Mediation sessions can vary in length, from a few hours to as long as a day or more, depending on the issues and the needs of the parties. Please be prepared to allocate sufficient time for this process. Logistical details will be provided to you by your agency liaison. Please call me at (xxx) xxx-xxxx if you have further questions. Good luck!

Sincerely,

*Jacqueline Smith*  
Intake Coordinator



(For Internal SNAP Committee use only)

## SHARED NEUTRALS ADR PROGRAM Agency Liaison Intake Form

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

Date: \_\_\_\_\_

**REFERRAL INFORMATION**

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I. PARTY ONE AGENCY: \_\_\_\_\_ PARTY TWO AGENCY: \_\_\_\_\_

II. REFERRAL SOURCE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

III. INTAKE: \_\_\_\_\_  
name of agency liaison telephone number

IV. ISSUES: \_\_\_\_\_

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**V. PARTY INFORMATION (If more than 2 parties, use another intake form)**

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PARTY #1  
Name: \_\_\_\_\_

Representation: \_\_\_\_\_  
Yes No Attorney

Mailing Address: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Where do you want to be contacted?

Phone: \_\_\_\_\_

Representative's phone: \_\_\_\_\_

Relationship to Party #2:

PARTY #2  
Name: \_\_\_\_\_

Representation: \_\_\_\_\_  
Yes No Attorney

Mailing Address: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Where do you want to be contacted?

Phone: \_\_\_\_\_

Representative's phone: \_\_\_\_\_

Relationship to Party #1:

VI. Parties signed Agreement to Mediate: Yes \_\_\_\_\_ No \_\_\_\_\_

VII. Assigned SNAP Case Number: \_\_\_\_\_

VIII. REQUESTED REMEDY:

IX. RESULTS	Date	Date	Date
Information provided	[ ]	Second party declines	[ ] MEDIATION
Referred out	[ ]	First party withdraws	[ ] with settlement [ ]
Problem solving	[ ]	Shared neutrals declines	[ ] without settlement [ ]

Date of closure: \_\_\_\_\_

Name/phone of mediator(s): \_\_\_\_\_

**SHARED NEUTRALS ADR PPROGRAM**  
**CONFIDENTIAL EVALUATION**

Your satisfaction is our primary concern. Your feedback of the process you participated in is very important. Please answer the questions by circling responses that most accurately represent your view. Please comment where you feel it is appropriate. *All responses are strictly confidential.*

- 1. How would you rate the quality of the mediation services?  

5	4	3	2	1
Excellent	Good	Average	Fair	Poor
  
- 2. Did the services meet your needs?  

5	4	3	2	1
Almost All	Most	Some	Few	None
  
- 3. Did you feel the services or processes were fair and impartial?  

5	4	3	2	1
Yes	Mostly	Average	Somewhat	No
  
- 4. Do you feel your situation will improve as a result of using mediation?  

5	4	3	2	1
Yes	Somewhat	Undecided	Not Much	No
  
- 5. Please rate listening and communication skills of the Shared Neutrals ADR Program representatives:  

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

6. Would you rate this mediation as successful? Why?  


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7. Would you recommend this service to your co-workers? Why?  


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8. Do you have any suggestions which might make this service more useful or responsive?  


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9. General Comments  


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9. Name/Agency (Optional) \_\_\_\_\_

## SHARED NEUTRALS ADR PROGRAM

### CONFIDENTIAL PEER REVIEW DEBRIEFING CRITIQUE

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Peer Review Evaluator: \_\_\_\_\_

Mediator Evaluated: \_\_\_\_\_

*Please rate the mediator on the following criteria*

(Key: 1= poor → 5= excellent):

	1	2	3	4	5	NA	Comments
Procedures/Logistics – opening statement, forms, clear explanations and answers							
Active Listening: Validation/clarification/ Paraphrasing/summarizing							
Grasp of issues and interests							
Rapport with parties							
Balanced interaction with parties							
Process applied appropriately (intervention, control, etc.)							
Maintained neutrality							
Respected confidentiality							
Presentation – credible, professional, confident							

**Best:** \_\_\_\_\_

\_\_\_\_\_

**Bloopers:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Return this form to the SNAP Committee.**

## SHARED NEUTRALS ADR PROGRAM

### AGENCY LIAISON'S EVALUATION

(to be issued by Intake Coordinator after each completed mediation)

The quality of the Shared Neutrals ADR Program (SNAP) is our primary concern. Your role as an agency liaison is vital to the success of SNAP. The SNAP Committee welcomes your comments and suggestions. Please answer the questions by circling the response that most accurately represents your views. Please provide whatever comments or suggestions you believe are appropriate. All responses are strictly confidential.

1. How would you rate your working relationship with the SNAP Intake Coordinator?

5	4	3	2	1	0
Excellent	Good	Average	Fair	Poor	Not Applicable

2. Do you have any suggestions on how to improve your working relationship with the SNAP Intake Coordinator?

No      Yes

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3. How would you rate your working relationship with the SNAP Primary Mediator?

5	4	3	2	1	0
Excellent	Good	Average	Fair	Poor	Not Applicable

4. Do you have any suggestions on how to improve your working relationship with the SNAP Primary Mediator?

No      Yes

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5. How would you rate your working relationship with the SNAP Co-Mediator?

5	4	3	2	1	0
Excellent	Good	Average	Fair	Poor	Not Applicable

6. Do you have any suggestions on how to improve your working relationship with the SNAP Co- Mediator?

No      Yes

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7. What problems or difficulties have you encountered as an Agency Liaison?

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8. Do you have any suggestions which might make SNAP more useful or responsive?

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Agency Liaison’s Name (Optional):

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Case Number (Optional):

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**Please fill out and return to the SNAP Committee  
c/o 230 South Dearborn Street, Suite 3816, Chicago, Illinois 60604.  
Please mark envelope “CONFIDENTIAL.”**

## SNAP Voluntary Mediation Debriefing Outline

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

***Please discuss the following criteria:***

	<b>General Comments</b> What went well? What could be improved?
Procedures/Logistics – opening statement, forms, clear explanations and answers	
Active Listening: validation/clarification/ paraphrasing/summarizing	
Grasp of issues and interests	
Rapport with parties	
Balanced interaction with parties	
Process applied appropriately (intervention, control, etc.)	
Maintained neutrality	
Respected confidentiality	
Presentation – credible, professional, confident	

Best: \_\_\_\_\_

\_\_\_\_\_

Bloopers: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

DO NOT RETURN to SNAP Committee. To be retained by mediator.

## SHARED NEUTRALS ADR PROGRAM

### Mediator Checklist and Case Development

*The purpose of case development is to provide the mediator with the nature of the dispute and the general needs of the parties. Development is usually a series of contacts with the agency liaison, the parties in dispute, persons of interest such as managers and co-mediators. The co-mediator will be selected by the Intake Coordinator in consultation with the primary mediator. The primary and co-mediator collaborate on contacts, scheduling, and case development issues.*

**The following checklist includes the information and areas that the mediator may choose to review.**

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#### **MEDIATOR CONTACTS:**

- Intake Coordinator
- Agency Liaison
- Co-Mediator

#### **MEDIATOR CHECKLIST**

- Receive information from Intake Coordinator/SNAP Committee.
- Ensure that Agreement to Mediate is signed by parties.
- Consult with Intake Coordinator in choosing Co-Mediator.
- Establish mediation time (consult with Co-Mediator, Agency Liaison, Parties).
- Consult with Agency Liaison on logistics, needs.
- Consult with Co-Mediator.
- Review Mediators guide to supplies and forms.
- Review intake materials for any possible conflicts of interest, that the type of dispute is appropriate for mediation, and that you are appropriate to mediate the particular dispute.
- Ensure parties are aware of the process of mediation.
- Consult with Agency Liaison to ensure that the agency's subject matter and resolution requirements are met.
- When appropriate contact parties to secure more information.
- Prepare for mediation.
- Ensure that parties receive mediation evaluation forms.
- Complete voluntary debriefing outline.
- Report results of mediation to Intake Coordinator.
- Return all forms and files to Intake Coordinator.

## Intake Checklist

*Purpose of intake is not to hear about the details, but to gather and provide basic information so the parties can make an informed choice whether SNAP could work for them.*

**The following checklist includes the information intake needs to cover. Purpose of intake is to provide information *to*, get information *from* parties so that we can:**

- **confirm that an issue is appropriate for mediation**
- **ensure both parties in dispute understand our services**
- **assign a mediator to begin designing the mediation.**

**Details of the case should be left to the Primary Mediator in the Case Development Process.**

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### **INTAKE CONTACTS:**

#### **If Liaison has contacted SNAP, ASK:**

- Is the case appropriate for Shared Neutrals ADR Program?
- Has the Agreement to Mediate form been signed?
- Are there any agency-specific limitations?
- Are the parties expecting a call from us?

#### **If the Party has contacted SNAP, ASK:**

- Employee of participating agency? YES – Refer employee to agency liaison.  
NO – Inform employee that program is not available.
- Discussed with agency liaison?

### **AGENCY LIAISON CHECKLIST**

- |                                                                                             |                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Received program materials?                                        | <input type="checkbox"/> How soon do the parties want to begin?                                                                                                                          |
| <input type="checkbox"/> Have copy of Agreement to Mediate? - must be signed by all parties | <input type="checkbox"/> When are good times, generally, for the parties?                                                                                                                |
| <input type="checkbox"/> What might mediation do for the parties?                           | <input type="checkbox"/> Explain mediation sessions -- length of time, number of times, general format.                                                                                  |
| <input type="checkbox"/> Voluntary?                                                         | <input type="checkbox"/> Are you planning any vacations/other <i>general</i> scheduling needs?                                                                                           |
| <input type="checkbox"/> Confidentiality?                                                   | <input type="checkbox"/> Okay for me to contact other party?                                                                                                                             |
| <input type="checkbox"/> Mediator does not make decisions.                                  | <input type="checkbox"/> Assuming all parties are willing, next call will likely be from the mediator assigned to this mediation, who will ask you specifics about your situation. Okay? |
| <input type="checkbox"/> May/may not achieve resolution.                                    |                                                                                                                                                                                          |
| <input type="checkbox"/> Okay with 1 mediator?                                              |                                                                                                                                                                                          |
| <input type="checkbox"/> Any concerns/needs you have about the mediator.                    |                                                                                                                                                                                          |
| <input type="checkbox"/> Special needs (interpreter, wheelchair access, etc.)?              |                                                                                                                                                                                          |

## **THE MEDIATION PROCESS**

## CHECKLIST

- \_\_\_\_\_ Agreement to Mediate signed by all parties.
- \_\_\_\_\_ Mediator Opening Statement
- \_\_\_\_\_ First Party's Initial Statement
- \_\_\_\_\_ Mediator Summary
- \_\_\_\_\_ Second Party's Initial Statement
- \_\_\_\_\_ Mediator Summary
- \_\_\_\_\_ First Party's Response Phase  
Clarifying Questions
- \_\_\_\_\_ Second Party's Response Phase  
Clarifying Questions
- \_\_\_\_\_ Transition Statement – Past to Future
- \_\_\_\_\_ Agenda Building
- \_\_\_\_\_ Negotiations – Parties talk to each other
- \_\_\_\_\_ Caucus as Appropriate
- \_\_\_\_\_ Settlement Agreement

## **SHARED NEUTRALS ADR PROGRAM**

### **Mediator's Guide to Supplies and Forms**

#### **Mediation Packets**

Flipchart (make sure it is available)

Case Development Notes

Phone number (i.e.: work, home, pager, cell & fax of all parties, liaison and mediators)

#### **Forms:**

Agreement to Mediate (5 copies)

[for use when a signed agreement has not yet been received]

Settlement Agreement (3 copies)

Voluntary Mediator Debriefing Outline

Confidential Evaluations (5 copies *WITH ENVELOPES*)

#### **Other Supplies:**

Handbook

Brochures

Pens for flipchart

Clipboard if desired

Tape & pushpins for tack board

Kleenex

Stapler

Cups for water

Extra pads of paper and pencils

## SHARED NEUTRALS ADR PROGRAM

### Sample Settlement Agreement

(Subject to approved agency requirements)

We \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

having participated in mediation session(s) on \_\_\_\_\_,  
and being satisfied that we have reached a fair and reasonable agreement, hereby agree as  
follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Party 1)

\_\_\_\_\_

\_\_\_\_\_

(Party 2)

## SHARED NEUTRALS ADR PROGRAM

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### AGENCY LIAISON Case Intake Procedures

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#### INTAKE:

##### **Definition:**

Intake for the agency liaison is a two-step process. The first includes the responsibility of the agency liaison to have determined that the parties in dispute are willing to engage the service of the Shared Neutrals ADR Program (SNAP). The second step is the initial contact between the agency liaison and the SNAP Committee.

##### **Purpose:**

Purpose is not to hear about the details, but to gather and provide basic information so the parties can make an informed choice whether the Shared Neutrals ADR (SNAP) Program could work for them. The agency liaison is also the contact to ensure that the parties and the issue(s) qualify for the program and the guidelines, if any, established by each agency. The agency liaison ensures that the Intake Coordinator and the Primary Mediator are aware of any agency subject matter and resolution limitations.

##### **Initial Call:**

Intake begins when a call or request for a SNAP mediation service is directed to the agency liaison. The liaison gathers enough information from the party to contact the Shared Neutrals intake line. If the initial call is from the parties directly involved, they will be referred back to their agency liaison.

The following is a sample list of questions that the agency liaisons might need to cover on the intake call:

- \* Are all the parties employees of a participating agency?
- \* Have they received program materials?
- \* Have all parties been contacted? Are all parties willing to sign the Agreement to Mediate?  
*All parties involved must sign these.*
- \* Names, telephone numbers and addresses of all parties involved.
- \* Any concerns/special needs you or they have for the parties.
- \* Any SNAP Committee approved agency requirements? (It is the agency liaison's responsibility to ensure that the Intake Coordinator is informed of any SNAP Committee approved agency requirements or forms.)
- \* Do they need additional information to decide whether mediation might work for them?

- \* How soon can they begin? What times/days work best for all parties? (Provide at least three different dates and times.)
- \* The next call will likely be from a mediator who will ask questions that are specific about your situation.

Do you understand these procedures?

## SHARED NEUTRALS ADR PROGRAM

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### Intake Coordinator Case Administration Procedures

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#### ADMINISTRATION:

##### **Definition:**

Administration includes assignment and coordination of cases for the Shared Neutrals ADR Program (SNAP).

##### **Purpose:**

The purpose is coordination and administration of cases for the Shared Neutrals ADR Program by fielding calls and inquiries from agency liaisons, and to select and contact primary mediators.

For the purposes of consistency and training, SNAP Administration will initially be drawn on a rotating basis from the ranks of the SNAP Committee.

##### **Working Files:**

The Intake Coordinator maintains the working/travelling files of agency liaisons, primary mediators, and co-mediators. The working/travelling files consist of:

- The SNAP biography of each mediator.
- The number of cases and hours of each mediator.
- The contact telephone and fax numbers for each agency liaison, primary and co-mediator.
- The subject matter and resolution requirements or limitations of each participating agency.
- Copies of program documents.

**Procedures:**

The Intake Coordinator retrieves calls from the SNAP telephone message number. The Intake Coordinator, hereafter referred to as the Coordinator, ensures that enough information is obtained to choose the primary mediator, and co-mediator, when appropriate, best suited to meet the needs of the agency and the issue(s), using the SNAP bio and other data. The Coordinator ensures that prior to selecting a primary mediator, a signed Agreement to Mediate has been received. If a case is returned to the Coordinator for reassignment, the Coordinator shall choose a new primary mediator and provide the new primary coordinator with all available information previously developed.

The Coordinator confirms subject matter and resolution requirements, and makes inquiries into location and travel arrangements with the agency liaison. The Coordinator collaborates with the agency liaison and mediators to ensure location and travel arrangements meet the needs of the parties, the mediators, and the requirements of the responsible agency.

The Coordinator ensures relevant case data is obtained and transferred to the working/travelling files and the permanent SNAP files. The Coordinator also ensures the working/travelling files are secure and transferred to the next Coordinator.

## SHARED NEUTRALS ADR PROGRAM

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### PRIMARY MEDIATOR Case Development Procedures

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#### CASE DEVELOPMENT:

##### **Definition:**

Case development is the detailed work a primary mediator uses to prepare for mediation.

##### **Purpose:**

Case development provides the mediator with the nature of the issue(s) and the general needs of the parties. Development is usually a series of contacts with the agency liaison, the parties, persons of interest such as managers and co-mediators. The co-mediator will be selected by the Intake Coordinator in consultation with the primary mediator. The primary and co-mediator collaborate on contacts, scheduling, and case development issues.

##### **Contacting the Parties:**

Using the Mediator Case Logs and other SNAP tools, the primary mediator contacts each party to confirm information obtained by the agency liaison, and to secure specific information to schedule and conduct the mediation. The primary mediator confers with the agency liaison to ensure that agency subject matter and agency resolution requirements, if any, are disclosed, and that the Agreement to Mediate has been signed by all parties.

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The following is a sample list of questions that the primary mediator may ask in an effort to develop the case:

- What or how have the parties explored resolution?
- What might mediation do for them?

Shared Neutrals ADR Program Handbook - APPENDIX

- Do they understand the process is voluntary and confidential?
- Are they aware mediators do not make decisions? Explain the role of the mediators.
- Do they understand that mediation may/may not achieve resolution?
- Are they aware this may be conducted with more than one mediator?
- Mediators will disclose to the parties all known possible conflicts of interest or prior relationships.
- Explain mediation sessions - length of time, number of times, general format.
- Mediator may ask for a *brief* thumbnail sketch of the issue from the liaison and each party.
- What are their scheduling needs?