

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS**

**EXHIBIT 6**

**ADR PROGRAM USER QUESTIONNAIRE  
(to be completed by parties/litigants)**

Case Name:	
Name of ADR Provider:	
Date of ADR Proceeding:	I am the :            _____ plaintiff            _____ defendant

Type of ADR Proceeding:	<input type="checkbox"/> Screening Conference <input type="checkbox"/> Early Neutral Evaluation <input type="checkbox"/> Mediation <input type="checkbox"/> Mini-trial <input type="checkbox"/> Summary Jury/Bench Trial <input type="checkbox"/> Settlement Conference <input type="checkbox"/> Special Master <input type="checkbox"/> Private ADR Program
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Did you reach an agreement today?	_____ yes                      _____ no
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Do you think you will reach an agreement later as a result of ADR?	_____ yes                      _____ no
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**Check the box which best reflects how you feel about the following statements:**

	Strongly Agree	Disagree	Not Sure	Agree	Strongly Agree
1. I would recommend the ADR program to others					
2. The ADR provider explained the process clearly so that I knew what to expect during the ADR session.					
3. The ADR provider did not allow me or my attorney to fully explain the case.					
4. The ADR provider asked appropriate questions to better understand the case.					
5. The ADR provider helped me/my attorney consider different ways to settle the dispute.					
6. The ADR provider treated all parties equally.					
7. The ADR provider gave me his/her opinion about whether or not I should settle my case.					
8. Overall, I was satisfied with the way the ADR provider handled the session.					

**Please provide any other comments about the ADR provider of the ADR process on the back of this form. Thank you.**