|  |
| --- |
| **CPR NEUTRAL SURVEY****NAME**:  |
|  | 0 | 1- | 3-5 | 6- | 11- | 26- | 51- | 100 |
| 2 | 10 | 25 | 50 | 100 | + |
| Total overall arbitrations *as arbitrator* to date |  |  |  |  |  |  |  |  |
| Total arbitrations *as arbitrator* during the prior year |  |  |  |  |  |  |  |  |
| Total arbitrations *as arbitrator* during the prior year - using CPR Rules, but NOT referred through CPR |  |  |  |  |  |  |  |  |
| Total arbitrations *as arbitrator* during the prior year– where parties indicated they retrieved your info from a CPR website search |  |  |  |  |  |  |  |  |
| Total mediations *as mediator* to date |  |  |  |  |  |  |  |  |
| Total mediations *as mediator* during the prior year |  |  |  |  |  |  |  |  |
| Total mediations *as mediator* during the prior year - using CPR Protocols, but NOT referred through CPR |  |  |  |  |  |  |  |  |
| Total mediations *as mediator* during the prior year – where parties indicated they retrieved your info from a CPR website search |  |  |  |  |  |  |  |  |
| Total overall mini-trials *as a neutral* to date |  |  |  |  |  |  |  |  |
| Total overall early neutral evaluations *as a neutral* to date |  |  |  |  |  |  |  |  |
| Total overall arb-med *as a neutral* to date\* |  |  |  |  |  |  |  |  |
| Total overall med-arb *as a neutral* to date\* |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |
| \*If possible describe the process: |
| Please identify any ethics courses taken during prior year to date (course name & provider):  |
| Please describe your participation in CPR training or programs during prior year to date. Please provide any feedback on them, if you would: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide your views on DRS’s rules, procedures and protocols. Please rate on a scale of 1 to 5 how effective they are in application toward facilitating a just and speedy resolution:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  n/a | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |

Please provide any additional feedback, if you would: |
| Please provide feedback on DRS’s administration of case matters – the selection of neutrals, case management, fundholding or other services provided: |
| We have received feedback to place a cap on neutral hourly fees tied to the amounts at issue in an arbitration. Please provide your thoughts regarding a tiered cap: |
| Please provide feedback on what you perceive to be the strengths of DRS: |
| Please provide feedback on what you perceive to be the weaknesses of DRS: |
| Are there any other comments you would like to provide: |
| Mediators - are you IMI Certified? (Y/N) |
| Do you carry a Professional Liability or E & O policy for your neutral work? (Y/N)If you are at a law firm, does your law firm’s policy cover you for such work? (Y/N) |

Thank you.