



**FELONY MEDIATION
CONFIDENTIAL REPORT TO AOC FOR
DATA PURPOSES ONLY**

Case No. _____
Court _____
County _____
Division _____

DO NOT FILE IN THE RECORD

Requesting Judge: _____
Name

Assigned Mediator: _____
Name

Case Name: _____

Date of Mediation: _____
mm/dd/yyyy

The participants were:

Name

Name

Name

Name

Name

Name

Charges: _____

Mediation Result (check one) settled not settled not suitable for mediation withdrawal by a party.

Interpreting Services were necessary and/or requested for this mediation? Yes No

Agreement Terms: _____

Time Elapsed for Mediation: _____

Did victim(s) participate?: Yes No

If yes, what effect did the victim's participation have on the process and/or on any of the other participants?

Other: _____

_____, 2_____
Date

Mediator

DO NOT FILE IN THE RECORD

SUBMIT TO: AOC, Mediation Coordinator, 1001 Vandalay Drive, Frankfort, KY 40601; or felonymediation@kycourts.net.