



**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](mailto:felonymediation@kycourts.net).