



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA**

DEPENDENCY MEDIATION OUTCOME FORM

1. Case Name (Oldest Child): _____
2. Case Number: _____
3. Mediation Date: _____
4. Outcome (Please mark only one of the following):
 - a. Full Agreement: All issues addressed in mediation were resolved.
 - b. Partial Agreement: One or more issues addressed in mediation were resolved, and at least one issue remains unresolved.
 - c. No Agreement: No issues addressed in mediation were resolved.
5. This form is to be completed by County Counsel on every case following the parties' return to court.

Please return to the Dependency Mediation outcome box outside of the Juvenile Dependency Mediation Office.