

**ALTERNATIVE DISPUTE RESOLUTION
U.S. DISTRICT COURT, WESTERN DISTRICT OF OKLAHOMA**

ENE SESSION ATTENDANCE FORM

Case Name:

Case No.:

Date of ENE Session:

Name of Neutral:

Instructions for Neutral: Please have **all attorneys and client representatives** who attend the ENE Session provide the following information. This information will be used to facilitate survey research of the value of this ADR Program. Please return the form to the court upon completion of the ENE Session.” Thank you.

ATTORNEYS

Name: _____

Name: _____

Firm Name: _____

Firm Name: _____

Address: _____

Address: _____

Phone:(____) _____

Phone:(____) _____

Attorney for _____

Attorney for _____

Name: _____

Name: _____

Firm Name: _____

Firm Name: _____

Address: _____

Address: _____

Phone:(____) _____

Phone:(____) _____

Attorney for _____

Attorney for _____

CLIENT/ CLIENT REPRESENTATIVES

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Party Representing: _____

Party Representing: _____

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Party Representing: _____

Party Representing: _____