

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2010-0042)**

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**TITLE OF INFORMATION COLLECTION:** Office of Administrative Law Judges  
Alternative Dispute Resolution Process User Survey

**PURPOSE:** The Office of Administrative Law Judges seeks to gauge the satisfaction of ADR participants and solicit their comments and suggestions to improve the ADR process.

**DESCRIPTION OF RESPONDENTS:** Respondents will be those who participate in the alternative dispute resolution process offered by the Office of Administrative Law Judges. Respondents will be a mix of private citizens, local, state, tribal and federal government representatives; and industry representatives.

**TYPE OF COLLECTION:** (Check one)

<input type="checkbox"/> Customer Comment Card/Complaint Form	<input checked="" type="checkbox"/> Customer Satisfaction Survey
<input type="checkbox"/> Usability Testing (e.g., Website or Software)	<input type="checkbox"/> Small Discussion Group
<input type="checkbox"/> Focus Group	<input type="checkbox"/> Other: _____

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  N/A

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
ADR Participants	~100	5 minutes	8.3 hours
<b>Totals</b>	<b>~100</b>	5 minutes	<b>8.3 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is 4.15 hours x \$46.42  
= \$192.64.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

### **The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[ ] Telephone  
[ ] In-person  
[X] Mail  
[X] Other (We intend to distribute the survey using email.)
2. Will interviewers or facilitators be used? [ ] Yes [X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**