MEDIATION INTAKE QUESTIONNAIRE
For Court Mandated Mediation

Date: _____

Name: (Please use full legal name) _____Date of Birth: _____

Email Address: _____ Street Address: _____

City/State/Zip Code: _____ Cell Phone:_____

Home Phone: _____Work Phone:_____ I can leave a text/verbal message at: _____ Employer: _____

_____ Type of work:_____

_____ Name of the other party you want to or have been asked to mediate with:

_____

What is their type of work? _____

What is the relationship between the two parties? (Family, co-workers, friends, neighbors etc.)

_____

_____

_____

Address of other party: (Include city, state, zip code)

_____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Is it emotionally difficult for you to consider meeting face to face during mediation? Yes◯ No ◯

Please explain your concerns relevant to the situation:

_____

_____

_____

_____

MEDIATION INTAKE QUESTIONNAIRE – PAGE TWO
For Court Mandated Mediation

Have you spoken to or plan to retain legal counsel? Yes ◯ No ◯

Attorney retained _____Only spoken with: _____

Attorney name: _____

Address: _____

Phone: _____ Email address:_____

Please briefly list issues/concerns that you wish to discuss during mediation in the order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____