

Today's Date: _____
 Type of Case: _____
 Referred by: _____
 Judge: _____
 Judge Fax: _____
 Court Date: _____
 Case #: _____
 County: _____

EARLY SETTLEMENT MEDIATION

INTAKE FORM

Instructions: Please complete all applicable fields for **BOTH** parties, and submit by email, postal mail, or fax to your local Early Settlement Office.

Upon receipt, the program office will contact both parties to discuss options for scheduling.

Is there a restraining/protective order against either party or any allegations of abuse?
 Initiator: Yes No
 Respondent: Yes No

Is there any active drug use or history of mental illness?
 Initiator: Yes No
 Respondent: Yes No

Initiator/Plaintiff:

Respondent/Defendant:

Name: _____
 Address: _____
 City/St/Zip: _____
 Home Number: _____
 Cell Number: _____
 Work Number: _____
 Fax Number: _____
 Email Address: _____

Name: _____
 Address: _____
 City/St/Zip: _____
 Home Number: _____
 Cell Number: _____
 Work Number: _____
 Fax Number: _____
 Email Address: _____

Initiator's Attorney (if applicable)

Respondent's Attorney (if applicable)

Attorney Plans to Attend Mediation: Yes No

Attorney Plans to Attend Mediation: Yes No

Name: _____
 Address: _____
 City/St/Zip: _____
 Home Number: _____
 Cell Number: _____
 Work Number: _____
 Fax Number: _____
 Email Address: _____

Name: _____
 Address: _____
 City/St/Zip: _____
 Home Number: _____
 Cell Number: _____
 Work Number: _____
 Fax Number: _____
 Email Address: _____

If Child involved, is there an attorney? Yes No

If yes, Will they be attending? Yes No

If **ATTORNEYS** involved, please check with the other side and list possible scheduling dates & times (AM morning & PM afternoon) at least 14 - 21 days in the future: _____ AM PM _____ AM PM _____ AM PM
 The Early Settlement office will make every effort to accommodate all requests and send a final confirmation letter.

ISSUES TO BE DISCUSSED:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Spousal Support | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> Money/Debt Owed | <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Child Support | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Other: _____ | Amount Involved \$ _____ | | |