

General Mediation Intake Questionnaire



THE **Mediation**
Mentor™

Date: _____ Name: (Please use full legal name) _____

Date of Birth: _____ Email Address: _____

Physical 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 mediate with: _____

Phone #: _____ Email Address: _____

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

Is it emotionally difficult for you to consider meeting face to face during mediation? Yes__ No__

Please explain your concerns relevant to the situation: (e.g., abuse in the form of verbal, emotional, physical, retaliatory, drugs/alcohol involvement.)

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

1. _____

2. _____

3. _____

*If requesting Mediation Services involving children, please complete
"Questionnaire for Family Mediation Involving Children"*