

**MEDIATION INTAKE QUESTIONNAIRE
For Court or Mandated Mediation**



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 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: (e.g., abuse in the form of verbal, emotional, physical, retaliatory, drugs/alcohol involvement.)

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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. _____

Is there an order for Protection or Restraining/No Contact Order currently in effect: Yes ___ No ___

Do you have any concerns about the *present physical safety* of yourself or your children in relation to your partner? Or from people visiting the home? Yes ___ No ___

If yes, please explain:

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