Clear Form

Mediation Information

For Office Use Only

Mediation Case Number:

Please PRINT your answers

Your Information Name: Last First Middle	Other Party's Information Name: Last First Middle
Your Address: Street City State Zip Code	Other party's relationship to you (e.g. neighbor, friend, etc.) Is the other party 18 years old or older? Yes ☐ No ☐ Don't Know ☐
Your Telephone Numbers Home | Work	Other Party's Telephone Numbers (if known) Home | Work
Do you require disability accomidations? Yes ☐ No ☐	Does the other party require disability accomidations? (if known) Yes ☐ No ☐ Don't Know ☐
Do you understand English? Yes ☐ No ☐	Does the other party understand English? Yes ☐ No ☐ Don't Know ☐

Briefly describe what happened

Were there any serious injuries?	Yes ☐	No ☐
Does your dispute involve a traffic violation?	Yes ☐	No ☐
Is there a current Domestic Violence Restraining Order between you and the other party, or are you and the other party involved in a court matter under the Prevention of Domestic Violence Act?	Yes ☐	No ☐
Are you and the other party involved in a Supreme Court matter at this time?	Yes ☐	No ☐
Are you aware of a clearly demonstrated psychological or emotional disability of the other party?	Yes ☐	No ☐
Have there been repeated acts of violence between you and the other party?	Yes ☐	No ☐
I understand that mediation is an alternative to formal court proceedings and is a way to resolve disputes without using a judge to decide the case.	Yes ☐	No ☐

Date _____ Signature _____