This form is completed during initial client contact to evaluate suitability for mediation representation.

INTAKE DETAILS

Date of Intake

Intake Coordinator

Matter / File No.

Referral Source (attorney, client, ad, etc.)

☐ Phone ☐ Web / Email ☐ Referral

How Did They Reach Us?

REQUESTING PARTY (CLIENT) INFORMATION

Full Legal Name

Date of Birth

Mailing Address

Phone

Email

Preferred Contact
☐ Phone ☐ Email

Represented by Other Counsel? (name/firm, if any)

OPPOSING / OTHER PARTY INFORMATION

Full Name / Entity Name

Relationship to Client

Opposing Counsel Name

Firm

Opposing Counsel Phone

Opposing Counsel Email

CONFLICT CHECK

List all parties, related entities, family members, and companies involved (for conflict-of-interest screening):

TYPE OF DISPUTE

- ☐ Family / Divorce
- ☐ Business / Civil
- ☐ Employment
- ☐ Landlord-Tenant
- ☐ Healthcare
- ☐ Sports / NIL
- ☐ Workers Compensation / Liability / FMLA
- ☐ Estate / Probate / Real Estate

Brief description of the dispute (parties' positions, key events, timeline):

DISPUTE SUMMARY

Amount in Controversy ($)

Non-Monetary Relief Sought

Client's Desired Outcome / Goals for Mediation:

LITIGATION & PROCEDURAL STATUS

Is there active or prior litigation? ☐ Yes ☐ No

Court & Case No. (if any)

Prior mediation/arbitration attempted? ☐ Yes ☐ No

Details

Statute of Limitations / Upcoming Deadlines

☐ Immediate ☐ 30 Days
☐ Flexible

Matter of Urgency

FEE ARRANGEMENT

Fee structure discussed with client?Fee Type (hourly / flat / retainer) ☐ Yes ☐ No

Estimated Fee / Retainer Amount ($)

Client's Ability to Pay / Payment Notes

INTERNAL CASE ASSESSMENT (STAFF USE ONLY)

Is this matter suitable for mediation (vs. litigation)? ☐ Yes ☐ No ☐ Unclear

Any conflicts of interest identified? ☐ Yes ☐ No

Recommendation:

☐ Accept for Representation ☐ Decline ☐ Refer Out ☐ Needs Follow-Up

Assessment Notes:

CLIENT AUTHORIZATION

I authorize [Firm Name] Mediation Group to use the information above to evaluate my case.

Client Signature

Date