

Preliminary information for Mediation

Date: _____

Case number: _____

County the case is in: _____

Your information

Name: _____

Email: _____

Home address: _____

Cell: _____

Home: _____

City, state, zip: _____

Work: _____

Attorney name: _____

Phone: _____

Attorney will attend mediation? Yes: _____ No: _____

Fax: _____

Other party's information

Name: _____

Email: _____

Home address: _____

Cell: _____

Home: _____

City, state, zip: _____

Work: _____

Attorney name: _____

Phone: _____

Attorney will attend mediation? Yes: _____ No: _____

Fax: _____

Have you asked the other party to tell us it is okay for you to make an appointment for this person? Yes: _____ No: _____

Notes: