Mediation Information			nation	For Office Use Only	
				Mediation Case Number:	
Please PRINT your answers					
Your Information Name: Last	First	Middle	Other Party's Information	on First	Middle
Name. Last	i list	Widdle	Name. Last	1 1131	Middle
Your Address:			Other party's relationship to you		
Street			(e.g. neighbor, friend, etc.)		
City State Zip Code		Is the other party 18 years old or older?			
			Yes 🗌 No 🗌	Don't Kno	
Your Telephone Numbers			Other Party's Telephone Numbers (if known)		
Home	Work		Home	Work	
Do you require disability accomidations?			Does the other party require disability accomidations? (if known)		
Yes No			Yes 🗌 🛛 No 🗌	Don't Kno	w 🗌
Do you understand English?			Does the other party understand English?		
Yes No Briefly describe what happened			Yes No Don't Know		
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 Yes No party, or are you and the other party involved in a court matter under the Prevention of Domestic Violence Act?					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 Yes No other party?					
Have there been repeated acts of violence between you and the other party?					No 🗌
I understand that mediation is an alternative to formal court proceedings and is a w to resolve disputes without using a judge to decide the case.				wayYes 🗌	No 🗌
Date	Signatu	ure			_