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|-------------------|---------------|---|------------|---|----------------|
| Local/Case Number | Intake Fee Pd | | Deposit Pd | | Mediation Date |
| - | I | R | I | R | |

Domestic Mediation, LLC
(734) 612-8340

Intake Date _____

PERSONAL DATA AND INFORMATION

A. Initiator Name _____
Last
First
Middle

Home Address _____
Street

City
State
Zip

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Are you employed? ____ Yes ____ No

If yes, give name of employer. _____

Address of employer _____
Street
City
State
Zip

Job Title _____ Nature of Job _____

Date Hired _____ Current Salary _____

B. Respondent Name _____
Last
First
Middle

Home Address _____
Street

City
State
Zip

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Are you employed? ____ Yes ____ No

If yes, give name of employer. _____

Address of employer _____

Street

City

State

Zip

Job title _____ Nature of Job _____

Do you presently have an attorney? _____ Yes _____ No

If yes, _____
Name Address Phone

C. Describe the dispute

For Office Use

Mediation Conference Location _____

Mediation Conference Date _____

Mediation Conference Time _____

Assigned Mediator/Co-mediator _____