

Today's
Date: _____



CONFIDENTIAL MEDIATION INTAKE – COMMERCIAL LANDLORD

YOUR PERSONAL INFORMATION IS COMPLETELY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY OUTSIDE AGENCIES OR OTHER PARTIES. DEMOGRAPHIC DATA IS USED FOR STATISTICAL PURPOSES ONLY.

Is This Case Pending in Court? No Yes **Next Court Date:** _____ **Court Case No:** _____

Is There a TRO Related to this Case? No Yes **The TRO is from:** District Court Family Court

BUSINESS INFO

Business Name: _____

Business Phone: _____ **Email:** _____

Mailing Address: _____ **City/State/Zip:** _____

Business Type: Self Proprietorship Partnership LLC C Corp S Corp Nonprofit _____

LEGAL REPRESENTATION

Attorney: _____ **Firm:** _____

Email: _____ **Cell:** _____ **Work Phone:** _____

The best way to reach me is by: Email Cell Text Work Phone

PERSON FROM BUSINESS PARTICIPATING IN MEDIATION

Full Name: _____ **Job Title:** _____

Email: _____ **Cell:** _____ **Work Phone:** _____

The best way to reach me is by: Email Cell Text Work Phone

I request language interpretation services: Yes No **My first language is:** _____

I request special accommodations: Yes No **I need:** _____

DATE OF BIRTH: ___/___/___ **AGE:** _____ **GENDER:** Female Male Other

EMPLOYMENT STATUS: Employed Self-Employed Part-Time Unemployed Retired
 Student Homemaker Military Disabled Temp. Disabled

ETHNIC BACKGROUND: _____

Briefly describe the problem you have with your tenant (*be specific*): _____

What outcome would you like to see as the result of mediation? _____

1) What is the contact info for your tenant? (please provide as much info as you have):

Full Name	Business Name	Age	Gender	
Mailing Address / City / State / Zip		Cell	Other Phone(s)	Email

2) Is there anyone else listed on the lease?

YES NO

If YES, who: _____

3) What is the monthly base rent? \$ _____ What is the monthly CAM? \$ _____

4) Does CAM include utilities? YES NO Estimated utility costs? \$ _____

5) What rent is currently owed? \$ _____ For which months? _____

6) Is this lease month-to-month? YES NO

If NO, lease term: _____

7) Have you applied for any assistance? (e.g., SBA, unemployment, insurance, etc.) YES NO

If YES, with whom: _____

What is the status of your request(s): _____

8) Do you have a mortgage on this rental property? YES NO

If YES, with whom: _____ Federally-backed loan? YES NO

Did you explore refinance or forbearance? YES NO Status: _____

9) I am interested in exploring the following options (please mark as many as apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Keeping my tenant | <input type="checkbox"/> Having my tenant move out | <input type="checkbox"/> Lease termination |
| <input type="checkbox"/> Lease modification | <input type="checkbox"/> Rent forgiveness | <input type="checkbox"/> Rent reduction/modification |
| <input type="checkbox"/> Rent forbearance | <input type="checkbox"/> Rent advance (landlord loan) | <input type="checkbox"/> Other: _____ |

I AM GENERALLY AVAILABLE ON (please mark as many as apply):

Any day /time

- | | | | | | |
|--|---|---|--|--|--|
| <input type="checkbox"/> <u>Monday</u> | <input type="checkbox"/> <u>Tuesday</u> | <input type="checkbox"/> <u>Wednesday</u> | <input type="checkbox"/> <u>Thursday</u> | <input type="checkbox"/> <u>Friday</u> | <input type="checkbox"/> <u>Saturday</u> |
| <input type="checkbox"/> 9:30-12:30 | <input type="checkbox"/> 9:30-12:30 | <input type="checkbox"/> 9:30-12:30 | <input type="checkbox"/> 9:30-12:30 | <input type="checkbox"/> 9:30-12:30 | <input type="checkbox"/> 9:30-12:30 |
| <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 1:30-4:30 |
| <input type="checkbox"/> 5:00-8:00 | <input type="checkbox"/> 5:00-8:00 | <input type="checkbox"/> 5:00-8:00 | <input type="checkbox"/> 5:00-8:00 | <input type="checkbox"/> 5:00-8:00 | |

REFERRAL SOURCE:

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> District Court | <input type="checkbox"/> Family Court | <input type="checkbox"/> AOA / HOA |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> BBB | <input type="checkbox"/> Community Organization / Social Service Agency | |
| <input type="checkbox"/> DOE | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Hawai'i Civil Rights Committee (HCRC) | |
| <input type="checkbox"/> Police | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Public Defender | <input type="checkbox"/> RICO |
| <input type="checkbox"/> Self | <input type="checkbox"/> Other (e.g., radio, TV, newspaper, etc.): _____ | | |

CASE NOTES (for office use only):

INTAKE BY: _____ DATE: _____