

Today's  
Date: \_\_\_\_\_



## CONFIDENTIAL MEDIATION INTAKE – COMMERCIAL TENANT

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 landlord (*be specific*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**1) What is the contact info for your landlord? (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 any existing loans on the business?  YES  NO**

If YES, with whom: \_\_\_\_\_

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"/> Staying in the rental unit | <input type="checkbox"/> Moving 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: \_\_\_\_\_