

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



### CONFIDENTIAL MEDIATION INTAKE – RESIDENTIAL 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

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Attorney/Case Worker: \_\_\_\_\_ Firm: \_\_\_\_\_ 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

RELATIONSHIP STATUS:  Single  Partnered  Married  Separated  Divorced  Widowed

NUMBER OF FAMILY MEMBERS IN YOUR HOUSEHOLD (including YOU) : \_\_\_\_\_

**ETHNIC BACKGROUND** *please check one; if you are multi-ethnic, rank by numbers 1, 2, 3, etc. starting with the 1 that you MOST identify with*

- \_\_\_ American Indian/Native American
- \_\_\_ African American \_\_\_ Korean
- \_\_\_ Chinese \_\_\_ Samoan
- \_\_\_ Filipino \_\_\_ Tongan
- \_\_\_ Hawaiian \_\_\_ Other Asian
- \_\_\_ Hispanic/Latino \_\_\_ Other Pacific Islander
- \_\_\_ Japanese \_\_\_ White/Caucasian

**ANNUAL HOUSEHOLD INCOME (before taxes, total of all family members living in the house)**

*please include: all earnings, unemployment, workers comp, social security, SSI disability, public assistance, veteran benefits, survivor benefits, pension or retirement, alimony, child support, etc. (Do not include food stamps or housing subsidies)*

- \$0 - \$10,000  \$82,001 - \$100,000
- \$10,001 - \$20,000  \$100,001 - \$150,000
- \$20,001 - \$42,000  \$150,001 - \$250,000
- \$42,001 - \$62,000  \$250,001 - \$350,000
- \$62,001 - \$82,000  Over \$350,000

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	Age	Gender	Ethnicity
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 are the utility costs? \$ \_\_\_\_\_**

**4) How much is currently owed? \$ \_\_\_\_\_ For which months? \_\_\_\_\_**

**5) Is this lease month-to-month?**  YES  NO

If NO, lease term: \_\_\_\_\_

**6) Have you applied for any rental assistance programs?**  YES  NO

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

**7) Have you applied for unemployment?**  YES  NO

If YES, what is the status of your claim: \_\_\_\_\_

**8) Have you applied for any other financial assistance?**  YES  NO

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

**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: \_\_\_\_\_