

Today's
Date: _____



MEDIATION INTAKE – LANDLORD (LTEMP)

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

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

LANDLORD Landlord Full Name(s): _____

Mailing Address: _____ City/State/Zip: _____

TENANT Tenant Full Names(s): _____

Mailing Address: _____ City/State/Zip: _____

Email: _____ Cell: _____ Other Phone: _____

WHO WILL BE PARTICIPATING IN MEDIATION?

*We need to know in advance who will participate in mediation.
Only those who were pre-approved by the mediation center may participate.*

Landlord(s): _____

Email: _____ Cell: _____ Other Phone: _____

Property Manager(s): _____

Email: _____ Cell: _____ Other Phone: _____

Attorney(s): _____

Email: _____ Cell: _____ Other Phone: _____

My primary language is: _____ I request language interpretation services: Yes No

I request special accommodations: Yes No I need: _____

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

- Keeping tenant Having tenant move out Applying for rental assistance Payment Plan
- Rent reduction Rent forgiveness 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"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | |

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.): _____ | | |

INTAKE BY: _____ DATE: _____