

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



### MEDIATION INTAKE – TENANT (LTEMP)

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

**Head of Household**

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: \_\_\_\_\_

My primary language is: \_\_\_\_\_ I request language interpretation services:  Yes  No

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 STATUS:  Disabled  Not Disabled

HISPANIC?  Hispanic  Non-Hispanic

**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*

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

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

**NUMBER OF DEPENDENT CHILDREN UNDER THE AGE OF 18:** \_\_\_\_\_

**ANNUAL FAMILY 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 Section 8)*

**OUR ANNUAL FAMILY HOUSEHOLD INCOME\* IS**  Above  At or Below **THE CHART BELOW**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$47,950	\$54,800	\$61,650	\$68,500	\$74,000	\$79,500	\$84,950	\$90,450

\*Add \$5,500 for each additional household member above 8 persons

**APPLICANT SELF-CERTIFICATION.** "I certify that the annual family household income listed on this form is true and accurate to the best of my knowledge and I will provide source documentation upon request. I understand that the income information on this form is subject to verification."  Yes  No

➤ CONTINUED ON REVERSE ➤

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

Full Name

Company

Mailing Address / City / State / Zip

Cell

Other Phone(s)

Email

2) Briefly describe the problem you have with your landlord (be specific):

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

4) Did you get an eviction notice from your landlord?  YES  NO

If YES, date of notice: \_\_\_\_\_

5) What is your monthly rent? \$ \_\_\_\_\_

6) Back rent is owed for:  0 months  1 month  2 months  3 months  4 or more months

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

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

Did you receive any rental assistance:  YES  NO For which months? \_\_\_\_\_

This rental assistance program was:  Local  State  Federal

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

- Staying in rental unit
- Moving 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:

- Circuit Court
- Attorney
- DOE
- Police
- Self
- Landlord (15-day notice to evict for non-payment of rent)
- District Court
- BBB
- Family/Friend
- Prosecutor
- Other (e.g., radio, TV, newspaper, etc.): \_\_\_\_\_
- Family Court
- Community Organization / Social Service Agency
- Hawai'i Civil Rights Committee (HCRC)
- Public Defender
- AOA / HOA
- RICO