

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



**Ku'ikahi Mediation Center**  
*Finding Solutions, Growing Peace*

**CONFIDENTIAL MEDIATION INTAKE – LANDLORD (LTMP)**

*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 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(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Property Manager(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Attorney(s): \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Who will be participating in mediation? (Please mark as many as apply):

Landlord  Property Manager  Attorney  Other: \_\_\_\_\_

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

I request special accommodations:  Yes  No I need: \_\_\_\_\_

1) Tenant Full Names(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Physical Address of Rental Unit:** \_\_\_\_\_

**Rental Unit City/State/Zip:** \_\_\_\_\_

**Is there anyone else listed on the lease?**  Yes  No

If YES, who: \_\_\_\_\_

**2) Briefly describe the problem you have with your tenant (*be specific*):** \_\_\_\_\_

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

**4) Did you give a notice to your tenant?**  Yes  No If YES, date of notice: \_\_\_\_\_

Type of Notice: 5 Day: \_\_\_\_\_ 45 Day: \_\_\_\_\_ Non-Renewal of Lease: \_\_\_\_\_ Other: \_\_\_\_\_

**5) What type of tenancy?**  Month-to-Month  Lease (term ends: \_\_\_\_\_)

**6) What is the monthly rent? \$\_\_\_\_\_ Deposit? \$\_\_\_\_\_ Monthly utilities \$\_\_\_\_\_**

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

**8) Has the tenant applied for any rental assistance programs?**  Yes  No

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

Did you receive any rental assistance:  Yes  No For which months? \_\_\_\_\_

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

- Keeping tenant  Having tenant move out  Applying for rental assistance  Payment plan  
 Rent reduction  Rent forgiveness  Damages/Repairs  Deposit  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: \_\_\_\_\_

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