

Today's
Date: _____



CONFIDENTIAL MEDIATION INTAKE

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 INCOME (INDIVIDUAL) before taxes

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 \$80,001 - \$100,000
- \$10,001 - \$20,000 \$100,001 - \$150,000
- \$20,001 - \$40,000 \$150,001 - \$250,000
- \$40,001 - \$60,000 \$250,001 - \$350,000
- \$60,001 - \$80,000 Over \$350,000

Briefly describe the problem you have with the other party/parties (*be specific*): _____

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

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 | <input type="checkbox"/> 5:00-8:00 |

THE PARTY/PARTIES WITH WHOM YOU ARE IN DISPUTE (please provide as much info as you have):

1. _____
Full Name *Relationship to You* *Age* *Gender* *Ethnicity*

_____ *Mailing Address / City / State / Zip* *Cell* *Other Phone(s)* *Email*

2. _____
Full Name *Relationship to You* *Age* *Gender* *Ethnicity*

_____ *Mailing Address / City / State / Zip* *Cell* *Other Phone(s)* *Email*

CHILDREN AFFECTED BY THIS SITUATION:

1. _____
Full Name *Relationship to You* *Age* *Gender*

2. _____
Full Name *Relationship to You* *Age* *Gender*

3. _____
Full Name *Relationship to You* *Age* *Gender*

4. _____
Full Name *Relationship to You* *Age* *Gender*

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 TYPE:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Auto Accident | <input type="checkbox"/> Business | <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Consumer/Merchant | <input type="checkbox"/> Domestic | <input type="checkbox"/> Education / Special Ed. | <input type="checkbox"/> Family |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Friend | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Job Related |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Pet |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> TRO | <input type="checkbox"/> Other: _____ | |

CASE NOTES (for office use only):
