

MEDIATION ASSESSMENT

Name _____ Date: _____

State _____ Court Case # _____ (if applicable)

HOW DID YOU HEAR ABOUT RENEWED HOPE?

- Internet search renew4hope website social media
 mediate.com Word of mouth Other _____

1. PARTIES

CLAIMANT			RESPONDENT		
Name _____			Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____

- Has opposing party agreed to engage in mediation with Renewed Hope? yes no
 Has a court appearance been scheduled? yes no if so, when? _____
 Have you engaged in mediation before? yes no
 Will you be represented by counsel during the mediation process? yes no

2. NATURE OF CLAIM

AMOUNT \$ _____ N/A _____

CASE MATTER

[Check the appropriate box(es)]

- | | | |
|---|--|--|
| <input type="checkbox"/> Unpaid Debt | <input type="checkbox"/> Family Dispute | <input type="checkbox"/> Restorative Justice |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Salary / Wages | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Faulty Goods / Services | <input type="checkbox"/> Parenting Plans |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Fraud / Misrepresentation | <input type="checkbox"/> Accident |
| <input type="checkbox"/> Damage to Vehicle / Property | <input type="checkbox"/> Roommate Dispute | <input type="checkbox"/> Workplace Conflict |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Landlord/Tenant Dispute | <input type="checkbox"/> Neighbor Dispute |
| <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Unpaid Rent | <input type="checkbox"/> Civil Rights |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> HOA | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Cross Cultural | <input type="checkbox"/> Prenuptial Agreement | <input type="checkbox"/> Other _____ |

3. PLEASE EXPLAIN WHY YOU HAVE ENTERED INTO MEDIATION.

4. WHEN DID THE DISPUTE BEGIN?

- 0 - 30 days ago
- 31 - 90 days ago
- 3 - 6 months ago
- 6 months - 1 year ago
- 1 – 2 years ago
- more than 2 years ago

5. HAVE THERE BEEN PRIOR OR PRESENT THREATS OF VIOLENCE BETWEEN THE PARTIES? yes no

6. HAS A RESTRAINING ORDER BEEN ISSUED? yes no

7. WHAT IS YOUR RELATION TO THE OPPOSING PARTY?

- Husband/Wife
- Ex-spouse
- Relationship
- Ex Relationship
- Parent/Child
- Neighbors
- Acquaintances
- Friends
- Roommates
- Strangers/Unknown
- Co-Workers
- Employee/Employer
- Landlord/Tenant
- Merchant/Consumer
- Agency/Consumer
- Business/Business
- Other Family
- Association/Member
- Other: _____

8. WHAT FINAL RESOLUTION(S) DO YOU HOPE TO ACHIEVE?

9. ARE THERE ANY PROFESSIONAL CONTACTS THAT NEED TO BE ADVISED OF THIS MEDIATION PROCESS? yes no

If yes, please list them below:

ATTORNEY:

Name: _____
Address: _____
Phone: _____

COUNSELOR:

Name: _____
Address: _____
Phone: _____

OTHER PROFESSIONALS:

Name: _____
Address: _____
Phone: _____

10. IS THERE ANYTHING ELSE YOU WOULD LIKE THE MEDIATOR TO KNOW?

11. AVAILABILITY

Please provide three available dates and times for the joint session.

- 1. _____
- 2. _____
- 3. _____

The above information is accurate to the best of my knowledge.

Signature

Date

Thank you, I'll be in touch soon!

RENEWED HOPE
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