

## **MEDIATION ASSESSMENT**

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

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

How did you hear about Renewed Hope?

- Internet search       Social media       Email       Renewed Hope website  
 mediate.com       Word of mouth       Other \_\_\_\_\_

Name of opposing party: \_\_\_\_\_

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

### **WHAT ISSUES WOULD YOU LIKE TO ADDRESS IN MEDIATION?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **WHAT FINAL RESOLUTION(S) DO YOU HOPE TO ACHIEVE?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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: \_\_\_\_\_

**EMERGENCY CONTACT** *(optional)*:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I will review your assessment during the 30-minute individual session. Please provide three dates and times of availability for this session:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide three dates and times of availability for the joint 60-minute session.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Thank you, I'll be in touch soon!