

Mediation Workshop Registration Form

To help us meet your needs and collect statistical information for funding purposes, please complete the following.

General Contact Information	
Name:	Phone Number:
Address:	County of Residence:
Case Number:	☐ Petitioner ☐ Respondent
Email:	
Counsel (attorney)	
Is there an active CPO or NCO between the parties? ☐ Yes ☐ No If Yes, mediation CANNOT occur without a modification to include an exception for mediation.	
Opposing Party(ies): _____ Opposing Counsel (Attorney representing other side): _____ Phone number: _____ Email: _____	
Questionnaire	
What type of issue do you need mediated? ☐ Custody/Support (for never-married parties) ☐ Change Custody (modification of existing order) ☐ Child Support ☐ Divorce W/ Children ☐ Parenting Plan completion assistance ☐ Property/Debt (we are NOT able to mediate retirement)	What are the current custody arrangements? _____ _____ _____ _____ _____ _____
Date of Workshop Registered for: _____ Alternative _____	
Statistical Information	
What is your household income? \$ _____ per ☐ month ☐ year	Number of people in your household _____ Number of Children _____ Ages _____
Do you receive: ☐ Self Reliance Program Funds ☐ SSI or SSDI ☐ Food Stamps	
Gender: ☐ Male ☐ Female Status: ☐ Single ☐ Divorced ☐ Separated ☐ Married	Age: ☐ Under 18 ☐ 18 – 29 ☐ 30 – 39 ☐ 40 - 49 ☐ 50 – 59 ☐ 60 or over
DISCLOSURE	
I understand the mediator is not representing me, nor any of my interests. I understand if I want representation or a confidential consultation, I will have to consult with a private attorney in another forum. I have read and I understand this disclosure statement. Signature: _____	
FOR STAFF USE ONLY	
☐ \$25.00 Payment Made ☐ Both Parties Registered ☐ Location Map Provided ☐ Spanish Speaking ☐ Mediator: _____ ☐ Partial Agreement __Y__N ☐ Agreement __Y__N ☐ Conflict Level __L__M__H	