


INTAKE FORM

Please complete this Questionnaire before the mediation. The following questions relate to you and the other person in this case. This form and any other communication with the mediator are confidential and privileged to the extent provided by sections 44.401-44.406, Florida Statutes.

Mediation is a process in which two people work together with a neutral third person (the mediator) to discuss the issues in their case to try to work them out. Mediation often occurs with both people in the same room

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|--------------------|--------------------|---------------|-------------|
| YOUR NAME: | | | |
| ADDRESS: | | | |
| | | | |
| CITY: | | STATE: | ZIP: |
| HOME PHONE: | WORK PHONE: | | |

| | | |
|--|---|-----------|
| 1. Are you afraid of the other person today? | YES | NO |
| | | |
| 2. Is contact between you and the other person limited by a court order (such as an injunction, a no contact order in a criminal case, etc.)? | YES | NO |
| | | |
| | | |
| | | |
|  | *IF YES TO QUESTION 1 OR 2, PLEASE BRING TO THE FRONT DESK | |
| | IF NO, TO BOTH QUESTIONS, CONTINUE TO QUESTION 3 | |
| | | |
| 3. Do you believe that you can express your needs and concerns in the presence of the other person and the mediator? | YES | NO |
| | | |

IF YOU HAVE ANY CONCERNS ABOUT YOUR PHYSICAL SAFETY DURING MEDIATION, PLEASE DISCUSS WITH THE FRONT DESK PRIOR TO THE MEDIATION OR CALL US AT 407 836 2004.

According to Florida Statute 44.102(2)c: "...Upon motion or request of a party, a court shall not refer any case to mediation if it finds there has been a history of domestic violence that would compromise the mediation process."

IF YOU ANSWERED NO TO QUESTION 3, PLEASE DISCUSS YOUR ANSWER WITH THE FRONT DESK OR THE MEDIATOR BEFORE MEDIATION.

Your Signature _____ Date _____

