



Mediation Client Information Form

Name _____

Age _____ () Male () Female

Education () Some High School
() High School graduate
() Some College
() College graduate
() Technical school
() Graduate school

Have you ever been a party in mediation before? () No () Yes
If yes, when _____

Address: _____

Phones: Home _____
Cell _____
Work _____
Fax _____

Email: _____

Tell me briefly about the conflict you would like to resolve?

How long have you been involved in this conflict? (months, years)

Who is/ are the person(s) with whom you are in conflict?