

**MERCIER MEDIATION SERVICES**  
Business INTAKE FORM

**This document is strictly confidential, and is provided to us as part of a confidential (closed) mediation process. *The only exceptions are if any person is in imminent danger or a judge orders disclosure of this information.* It will help us assign the best-suited mediator to your file. It will be read only by the mediator and our staff.**

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Business Name \_\_\_\_\_

Name \_\_\_\_\_ Role in Business \_\_\_\_\_

Business address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Is there Lawyers involved? (Y/N) \_\_\_\_\_ Name of Lawyer: \_\_\_\_\_

Names of other Parties:

1. \_\_\_\_\_ Role in Business \_\_\_\_\_

2. \_\_\_\_\_ Role in Business \_\_\_\_\_

3. \_\_\_\_\_ Role in business \_\_\_\_\_

4. \_\_\_\_\_ Role in Business \_\_\_\_\_

What are the issues that you want to discuss in mediation?

Issue                      Why is this important to you?

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about being in the same room with any other party member?

\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities you would like us to know about?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you want us to know?

\_\_\_\_\_  
\_\_\_\_\_

Please send this completed form by e-mail or fax.

Fax: 902:466-5926