**OREGON MUNICIPAL COURT MEDIATION**

**INTAKE FORM**

Please respond to each question. Thank you for your cooperation.

**DATE**

**CLAIMANT #1 (YOUR NAME) CLAIMANT #2**

NAME NAME

ADDRESS ADDRESS

CITY/STATE/ZIP CITY/STATE/ZIP

PHONE PHONE

**AND**

**RESPONDENT #1 RESPONDENT #2**

NAME NAME

ADDRESS ADDRESS

CITY/STATE/ZIP CITY/STATE/ZIP

PHONE PHONE

**AMOUNT OF CLAIM $**

**NATURE OF CLAIM** (CHECK APPROPRIATE BOXES)

[ ] MONEY DUE ON ACCOUNT [ ] FAULTY REPAIR WORK [ ] PERSONAL INJURY

[ ] MONEY LENT [ ] DISHONORED CHECK [ ] FAULTY GOODS/SERVICE

[ ] SECURITY DEPOSIT [ ] WAGES/SALARY/COMMISSION [ ] CONVERSION

[ ] RENT [ ] DAMAGE TO MOTOR VEHICLE [ ] FRAUD

[ ] DAMAGE TO REAL PROPERTY (motor vehicle must be titled in [ ] MALPRACTICE

[ ] DAMAGE TO PERSONAL PROPERTY Claimant’s name)

[ ] OTHER

**CLAIMANT’S STATEMENT**

**STATUS OF CLAIMANT #1: STATUS OF CLAIMANT #2:**

[ ] INDIVIDUAL [ ] INDIVIDUAL

[ ] CORPORATION [ ] CORPORATION

[ ] PARTNERSHIP [ ] PARTNERSHIP

[ ] OTHER: [ ] OTHER:

**STATUS OF RESPONDENT #1: STATUS OF RESPONDENT #2:**

[ ] INDIVIDUAL [ ] INDIVIDUAL

[ ] CORPORATION [ ] CORPORATION

[ ] PARTNERSHIP [ ] PARTNERSHIP

[ ] OTHER: [ ] OTHER:

**HOW LONG HAS IT BEEN SINCE THIS DISPUTE BEGAN?**

[ ] 0 - 30 DAYS [ ] 31 - 90 DAYS [ ] 3 - 6 MONTHS

[ ] 6 MONTHS - 1 YEAR [ ] 1 – 2 YEARS [ ] MORE THAN 2 YEARS

**ARE THERE ANY PRIOR OR PRESENT THREATS OF VIOLENCE BETWEEN THE PARTIES?**

[ ] YES [ ] NO

**HAVE YOU HAD PRIOR PROBLEMS WITH THE SAME RESPONDENT?**

[ ] YES [ ] NO

**RELATIONSHIP OF PARTIES (CHECK ONE)**

[ ] HUSBAND/WIFE [ ] EX SPOUSE [ ] RELATIONSHIP

[ ] EX RELATIONSHIP [ ] PARENT/CHILD [ ] NEIGHBORS

[ ] ACQUAINTANCES [ ] FRIENDS [ ] ROOMMATES

[ ] STRANGERS/UNKNOWN [ ] CO-WORKERS [ ] EMPLOYEE/EMPLOYER

[ ] LANDLORD/TENANT [ ] MERCHANT/CONSUMER [ ] AGENCY/CONSUMER

[ ] BUSINESS/BUSINESS [ ] OTHER FAMILY [ ] ASSOCIATION/MEMBER

[ ] OTHER:

**WOULD YOU HAVE A CONCERN ABOUT SITTING IN THE SAME ROOM WITH THE OTHER PARTY IN AN EFFORT TO RESOLVE THE MATTERS IN DISPUTE?**

[ ] YES [ ] NO

Please explain your concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WOULD YOU PREFER TO HAVE SOMEONE ACCOMPANY YOU TO THE MEDIATION?**

[ ] YES [ ] NO

If yes, please state the person’s name, full contact information, relationship to you and describe how that person will be of help to you in the mediation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that to the best of my knowledge, the above information is accurate and I have circled information (if any) that must be kept confidential:

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

Signature Date

\*\*\* FOR COURT USE ONLY \*\*\*

MEDIATION DATE: MEDIATION #: