Kallemeyn Mediation Services

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MEDIATION INTAKE FORM

Date:	Date of Birth:	
Name:		
Address:		
City/State:	Zip Code:	
II DI	Email Address:	
Please answer these question	s as they relate to the other party.	
Other Party's Name: Other Party's Address:		
Other Party's Email:		
We are presently (check one) ☐ Married ☐ Single ☐ ☐ Divorced ☐ Seeking Di		
Date of Marriage (if applicab	le):	
Are you currently living with	the other party? Yes No	
If not, how long have you be	en separated or divorced?	
Number of Joint Children:		

AME:	<u>DATE OF BIRTH:</u>
ildren are presently living with:	
	straining/No Contact Order currently in effect?
as/Is there any abuse in your relation	onship? (Check one) □ Yes □ No
	al □ Emotional □ Chemical □ Alcohol
you comfortable meeting with the ing mediation? eck One) Yes No	e other party face-to-face (same Zoom room)
ease give any explanation you feel i	is relevant to the situation:
you have any concerns about the partner? (Check One)
ves nlease explain:	

Have you presently retained an attorney? (Check One) ☐ Yes ☐ No				
If yes, please provide:				
Name:				
Address:				
Phone: Fax:				
If not, do you plan to retain legal counsel during the mediation process? (Check one) \square Yes \square No				
Please list the issues/concerns that you wish to discuss during mediation:				
Which is your greatest concern:				
How did you hear about Kallemeyn Mediation Services?				
My payment of the \$25.00 non-refundable administrative fee (<i>please check appropriate box</i>):				
☐ Is enclosed via US mail with this Intake Form				
□ Was paid on your website via PayPal on (date)				