

**MUNICIPAL/COUNTY COURT MEDIATION PROGRAM
INTAKE FORM**

Date: _____

Mediation No. _____

Claimant #1 Sex: M___ F___

Respondent #1 Sex: M___ F___

Telephone: _____

Telephone: _____

Claimant #2 Sex: M___ F___

Respondent #2 Sex: M___ F___

Telephone: _____

Telephone: _____

Amount Claimed: _____

Nature of Claim: (Check appropriate lines)

Money due on account

Money lent

Security deposit

Rent

Damage to real property

Damage to personal property

Faulty repair work

Dishonored check

Wages/Salary/Commission

Damage to motor vehicle

Personal injury

Faulty goods or services

Taxes/Utilities

Fraud/Misrepresentation

Other: _____

Claimant's Statement
