##  Party A Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Party A Name: |  |  |  | Phone #: |  |
|  | *Last* | *First* | *M.I.* |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Date: |  | PLID # |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: |  | Gender: |  | Ethnicity: |  |

|  |  |
| --- | --- |
| Department: |  |

|  |
| --- |
| Party A’s Conflict and Desired Outcome: |
|  |

Days Available to Attend Mediation: [ ]  M [ ]  T [ ]  W [ ]  TH [ ]  F

Hours Available to Attend Mediation between 8 a.m. and 5 p.m.:

##  Party B Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Party B Name: |  |  |  | Phone #: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Date: |  | PLID # |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: |  | Gender: |  | Ethnicity: |  |

|  |  |
| --- | --- |
| Department: |  |

Party B’s Conflict and Desired Outcome:

|  |
| --- |
|  |

Days Available to Attend Mediation: [ ]  M [ ]  T [ ]  W [ ]  TH [ ]  FHours Available to Attend Mediation between 8 a.m. and 5 p.m.: |

##  Case-Type Category of Dispute

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Employment | [ ]  Discrimination | [ ]  Organization | [ ]  Service | [ ]  Other |

## Intake Information

|  |  |  |  |
| --- | --- | --- | --- |
| Intake Coordinator: |  | Campus Phone # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Department: |  |

##  Additional Information

**ALL PARTIES HAVE AGREED TO MEDIATION?**  [ ]  Yes [ ]  No

Is this matter under investigation by the District Attorney? [ ]  Yes [ ]  No

Is this incident currently pending litigation? [ ]  Yes [ ]  No

Is there a need for a translator? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| If so, what language? |  |

Is there a need for special accommodations? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| If yes, what? |  |