*Please fill out* ***every question*** *to the best of your ability. Try not to leave questions blank. If they do not apply to you, enter “NA” and if you don’t know the answer, enter “UNKNOWN.”*

*If you need additional space (to enter another person’s information, for example) please* ***ask a staff member*** *to add entries to the form (by clicking the blue plus at the bottom-right)* ***BEFORE filling out that section****.*

**•Intake Information *-Staff Use Only-***

|  |
| --- |
|  |
| ... | ... | ... | ... |
| **Case Number** | **Case Name** | **County** | **Referrer** |
|  |
| ... | ... | ... | ... | ... |
| **Date of Intake** | **Intake Began** | **Intake Ended** | **Person Performing Intake** | **Court Pending Date** |
|  |
| ... | ... | ... |
| **Docket Number** | **Assigned Judge** | **Court** |
|  |

**•Primary Parties Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ... | … | ... | [ ] Claimant [ ] Respondent |
| **First Name** | **MI** | **Last Name** | **Case Role** |
|  |
| ... | ... | ... | ... |
| **Physical Address** | **City** | **State** | **ZIP** |
|  |
| ... | ... | ... | ... |
| **Mailing Address (if different)** | **City** | **State** | **ZIP** |
|  |
| ... | ... | ... | ... |
| **Date Moved to Address** | **Best Phone Number** | **Carrier/Provider** | **Backup Phone Number** |
|  |
| ... | [ ] Yes [ ] No | ... |
| **Best Time to Call** | **Can Leave Voicemail?** | **eMail Address** |
|  |
| ... | ... | ... | ... |
| **SSN** | **DoB** | **Marital Status** | **Employer/Income Source** |
|  |
| ... | ☐Active Duty ☐Military Veteran ☐Family of Military Member |
| **Relationship to Other Party** | **Check All That Apply** |
|  |
| ... | ... | ... | ... |
| **Gender** | **Race/Ethnicity** | **Education Level** | **Income Source** |
|  |
| ... | ... | [ ] Original [ ] Modification |
| **People in Household (incl. youth)** | **Approximate Household Income** | **Petition Type** |
|  |
| [ ] Yes [ ] No | ... | ... |
| **Do you have an Attorney?** | **If Yes, Attorney Name and Law Office** | **If Yes, Attorney Phone** |
|  |
| ... |
| **When would you be available for Mediation? Please list *at least five specific dates*, as well as general availability information.** |

**•Party Notifications**

1. All Parties to the case will receive a letter telling them the place, time, and date of the Mediation. This letter will provide **all needed details**. Please **read it carefully**.
2. Any party who does not attend a scheduled Mediation without 48 hours notice **will be charged** a cancellation fee of **$2000**. No further Mediations may be scheduled until these fees are paid.
3. In accordance with New York State Unified Court System policy, our Community Dispute Resolution Center is a **teaching center**. This means that new Mediators in Training, as well as Supervisory Staff performing Mediator Assessments, **sometimes** **observe cases**. If you wish to opt out of this process, please submit a request in writing to The Resolution Center of Lewis and Jefferson Counties, 200 Washington St # 207, Watertown, NY 13601.

**•Document Submission *-Staff Use Only-***

|  |  |  |
| --- | --- | --- |
| **Need** | **Received** | **Details** |

|  |  |
| --- | --- |
|[ ]  [ ]  Date. | Click or tap here to enter text. |

**•Synopsis and Case Notes *-Staff Use Only-***

Click or tap here to enter text.

**•CLM Data Tracking *-Staff Use Only-***

|  |  |
| --- | --- |
|[ ]  Civil: Housing | Choose an item. ... |
|[ ]  Civil: Large Claim | Choose an item. ... |
|[ ]  Civil: Mobile Home | Choose an item. ... |
|[ ]  Civil: Small Claim | Choose an item. ... |
|[ ]  Other | ... |