*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 | ... |