

Office Case #: _____
 Possible Scheduling Date(s):

 Responded by/Date: _____

**EARLY SETTLEMENT MEDIATION
 TULSA
 INTAKE FORM**

Instructions: Complete applicable information and fax to 918-596-7873 or email to susan.johnson@tulsacounty.org. Upon receiving, we will schedule your mediation. If both parties have suggested date(s) & time(s), please note it below & we will make every effort to honor your request.

Mediation Scheduling:
 Date: _____
 Time: _____
 Location: _____
 Mediators: _____
 Observers: _____



Above Line for ES Office Use Only

Is there a restraining/protective order against either party or any allegations of abuse?

Plaintiff: Yes No
 Defendant: Yes No

Today's Date: _____
 Type of Case: _____
 Referred By: _____
 Judge: _____
 Judge's Fax #: _____
 Court Date: _____
 County: _____
 Court Case #: _____

Is there any active drug use or history of mental illness?

Plaintiff: Yes No
 Defendant: Yes No

Plaintiff:

Name: _____
 Address: _____
 City/St/Zip: _____
 Home #: _____
 Cell #: _____
 Work #: _____
 Fax #: _____
 Email: _____

Plaintiff's Attorney (if applicable)

Name: _____
 Address: _____
 City/St/Zip: _____
 Business #: _____
 Fax #: _____
 Email: _____

Attorney Plans to Attend Mediation: Yes No

Defendant:

Name: _____
 Address: _____
 City/St/Zip: _____
 Home #: _____
 Cell #: _____
 Work #: _____
 Fax #: _____
 Email: _____

Defendant's Attorney (if applicable)

Name: _____
 Address: _____
 City/St/Zip: _____
 Business #: _____
 Fax #: _____
 Email: _____

Attorney Plans to Attend Mediation: Yes No

ISSUES TO BE DISCUSSED:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Money/Debt Owed | <input type="checkbox"/> Disturbance of Peace | <input type="checkbox"/> Breach of Kx | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Personal/Real Prop | <input type="checkbox"/> Consumer/Merchant | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Family/Divorce |