

## MERCIER MEDIATION SERVICES

### Business INTAKE FORM

**This document is strictly confidential and is provided to us as part of a confidential (closed) mediation process. *The only exceptions are if any person is in imminent danger or a judge orders disclosure of this information.* It will help us assign the best-suited mediator to your file. It will be read only by the mediator and our staff.**

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Business Name \_\_\_\_\_

Name \_\_\_\_\_ Role in Business \_\_\_\_\_

Business address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Is there Lawyers involved? (Y/N) \_\_\_\_\_ Name of Lawyer: \_\_\_\_\_

Names of other Parties:

1. \_\_\_\_\_ Role in Business \_\_\_\_\_

2. \_\_\_\_\_ Role in Business \_\_\_\_\_

3. \_\_\_\_\_ Role in business \_\_\_\_\_

4. \_\_\_\_\_ Role in Business \_\_\_\_\_

What are the issues that you want to discuss in mediation?

Issue Why is this important to you?

a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about being in the same room with any other party member?

\_\_\_\_\_

\_\_\_\_\_

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities you would like us to know about?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you want us to know?

\_\_\_\_\_

\_\_\_\_\_

Please send this completed form by e-mail to:

[info@mercierservices.ca](mailto:info@mercierservices.ca)