



**147 Mill Ridge Rd
 Lynchburg, VA 24502
 Ph- 434-239-2004
 Fax 434-239-2005**

ASSESSMENT/INTAKE FORM

Application date: _____

1. Name(s) of participating parties or business name:

Address: _____

Phone: _____ (Cell phone) *optional* _____ email: _____

2. Name of person completing form: _____

3. Who referred you to mediation: _____

4. Type of Mediation Needed: *(check one)*
 (If services needed copy and complete correct contract and mail to office)

Group Mediation

Business/ Community **Team**

General Mediation

Family Mediation **Church**
 Workplace **General District Court**
 Other

Divorce Mediation

Divorce/Custody / Asset division

4. Will Attorneys be present for the Mediation? Yes No

5. Provide a brief background of what brings you to Mediation:

6. Main Issues to mediate: (be specific)
