

FAIRFIELD COUNTY MUNICIPAL COURT MEDIATION PROGRAM

INTAKE FORM

DATE: _____

MEDIATION NO.: _____

Claimant #1 Sex: M _____ F _____

Respondent #1 Sex: M _____ F _____

Telephone: _____

Telephone: _____

Claimant #2 Sex: M _____ F _____

Respondent #2 Sex: M _____ F _____

Telephone: _____

Telephone: _____

AMOUNT CLAIMED: _____

NATURE OF CLAIM: _____

CLAIMANT'S STATEMENT

MEDIATION TIME: DAY: _____

Mediation Outcome: _____

Date: _____ 2006

Claimant _____ **App.** _____ **DN App.**

Time: _____ am/pm

Respondent _____ **App.** _____ **DN App.**

Notified: ___ C ___ R **By:** _____

Result: _____

Mediator: _____