



# Citizens Mediation Service

Affordable. Neutral. Conflict Resolution.

811 Ship St, Suite 302 - St. Joseph, MI 49085  
Phone: 269-982-7899 / Fax: 269-982-7899 / Toll Free: 888-779-1386  
lisa@citizensmediator.org // www.citizensmediation.org

## Client Intake Form – Court Ordered Mediation

**All items must be completed.**

Date: \_\_\_\_\_

Court# \_\_\_\_\_

CMS# \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attorney (if applicable): \_\_\_\_\_

Are you currently employed/working?

Yes

No

What is your annual income?

\$ \_\_\_\_\_

How many are in your household?

\_\_\_\_\_

Do you receive any type of public assistance?

Yes

No

Do you need to set up a payment plan today?

Yes

No

**This is a court-ordered mediation with mandatory fees.** If your household income is less than or equal to the current CMS income guidelines, your fees may be waived or reduced. **Proof of income is required for waivers.**

If you do not qualify for a waiver, you must pay your mediation fee today. Failure to do so may result in further legal action.

I certify that the information I have provided on this form is true and can be verified with official documentation.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLETE AND BRING WITH YOU AND GIVE TO THE MEDIATOR AT YOUR MEDIATION APPOINTMENT**