

Larimer Mediation Office of Dispute Resolution Contractors

Please complete this form in its **ENTIRETY** and return via email to larimermediation@gmail.com
Incomplete forms will not be assigned. Within a few days after we receive this form, we will contact you.
Note that mediations are scheduled M-F, 8 a.m. – 5 p.m.

INCOMPLETE FORMS WILL BE RETURNED.

Name of person completing form: _____ Date: _____

Case No.: _____ County: _____ Type of case: Civil _____ Domestic _____

How were you referred to our office? Court Ordered ___ Self-referred ___ Attorney referred ___ Other ___

Next Hearing Date _____ Type of Hearing _____

Petitioner: _____ **Respondent:** _____

Best Daytime Phone: _____ Best Daytime Phone: _____

2nd Daytime Phone: _____ 2nd Daytime Phone: _____

Address: _____ Address: _____

email: _____ **email:** _____

Attorney: _____ **Attorney:** _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

CHECK IF:

___ There is a Protective Order (Restraining Order), or a No Contact Order in your case.

___ I am concerned about being in the same room with the other party because: (please describe).

___ I DO want my attorney to be at the mediation with me.

___ I DO NOT want my attorney to be at the mediation with me.

___ I have a court ordered fee waiver that is less than 6 months old or am a client of Colorado Legal Service. *(If yes, please send a copy of the fee waiver with this intake form.)*

___ I understand that mediation will be set for a minimum of 2 hours, by checking this box, I am requesting more than 2 hours. I am requesting _____ hours.

___ Interpreters needed (language) _____

___ I will be out of town and not available for mediation on these upcoming dates. _____

___ Briefly list topics to be discussed _____