

MEDIATION QUESTIONNAIRE

© ClearPath Mediation

YOUR PERSONAL INFORMATION

Name: _____ Phone #: _____

Address: _____ Work #: _____

_____ Email: _____

Gender: FEMALE MALE Birthdate: _____

Attorney: _____ Phone #: _____

Address: _____ Email: _____

Will your attorney attend the mediation? YES NO NOT SURE

OTHER PARTY INFORMATION

Name: _____ Phone #: _____

Address: _____ Work #: _____

_____ Email: _____

Gender: FEMALE MALE Birthdate: _____

Attorney: _____ Phone #: _____

Address: _____ Email: _____

Will the other party's attorney attend the mediation? YES NO NOT SURE

Please briefly describe the issues you wish to mediate