

Local/Case Number	Intake Fee Pd		Deposit Pd		Mediation Date
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**Domestic Mediation, LLC**  
14141 Hubbard Street Livonia, Michigan 48154  
(734) 743-1687

Intake Date \_\_\_\_\_

**PERSONAL DATA AND INFORMATION**

A. Initiator Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Home Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*
*State*
*Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you employed? \_\_\_\_ Yes \_\_\_\_ No

If yes, give name of employer. \_\_\_\_\_

Address of employer \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Job Title \_\_\_\_\_ Nature of Job \_\_\_\_\_

Date Hired \_\_\_\_\_ Current Salary \_\_\_\_\_

B. Respondent Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Home Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*
*State*
*Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you employed? \_\_\_\_ Yes \_\_\_\_ No

If yes, give name of employer. \_\_\_\_\_

Address of employer \_\_\_\_\_  
*Street City State Zip*

Job title \_\_\_\_\_ Nature of Job \_\_\_\_\_

Do you presently have an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, \_\_\_\_\_  
*Name Address Phone*

C. Describe the dispute

\_\_\_\_\_

\_\_\_\_\_

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**For Office Use**

Mediation Conference Location \_\_\_\_\_

Mediation Conference Date \_\_\_\_\_

Mediation Conference Time \_\_\_\_\_

Assigned Mediator/Co-mediator \_\_\_\_\_