

ADR INTAKE FORM

Please complete the following intake form.

Are you interested in:  
\_\_\_ mediation  
or  
\_\_\_ arbitration

Please provide your contact information:

Name: \_\_\_\_\_  
Law Office/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

What is the nature of the dispute (i.e. breach of contract claim, negligence)? \_\_\_\_\_  
\_\_\_\_\_

What is the amount in dispute? \_\_\_\_\_

What is your relationship to the dispute?

Are you a party to the dispute? \_\_\_\_\_  
Are you counsel to a party? \_\_\_\_\_ If so, which party? \_\_\_\_\_  
Other relationship to dispute? Please explain (i.e. claims representative) \_\_\_\_\_  
\_\_\_\_\_

Has a law suit been filed? \_\_\_\_\_.  
If so, please indicate: Court: \_\_\_\_\_  
Index #: \_\_\_\_\_  
Judge: \_\_\_\_\_

Please identify the parties to this dispute and their counsel:  
*(If a lawsuit has been filed, please also indicate whether the listed party is plaintiff or defendant)*

Claimant(s): Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counsel for Claimant(s):  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Respondent(s):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Counsel for Respondent(s):  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Other key participants:  
(Please identify any key people involved in the dispute for purposes of determining if a legal conflict exists. For example, please indicate the names and city of residence of any persons likely to attend the mediation on behalf of a party or who were principally involved in the business dealings or facts at issue. Also, please identify the President/CEO of any corporate entities involved.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much total hearing time do you anticipate will be required for all parties to present the matter?

\_\_\_\_\_ Day(s)  
\_\_\_\_\_ Hours

Do you have any proposed dates for the mediation or arbitration to begin?

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Is this mediation or arbitration pursuant to a contract provision? \_\_\_\_\_

If so, does the contract provide for specific rules to be used to govern this process? (If yes, please provide a copy of the contract and reference the applicable clause.)

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Have all parties agreed to this process and to your selection of our ADR providers?

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Has this matter been referred from the Suffolk County or Nassau County Commercial Division as part of their Mediation Program? \_\_\_\_\_

How did you hear about us?

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