



## MEDIATION INTAKE FORM

### Business / Partnership

#### INSTRUCTIONS

Please submit this form to your mediator at Lodge & Co. Additionally, if multiple parties are involved, attaché a list. A Lodge & Co. professional will contact all parties to coordinate the ADR process. Please send via email to [mlodge@lodge-co.com](mailto:mlodge@lodge-co.com) or email to: 561.584.5221

#### BUSINESS PARTNER / EXECUTIVE

NAME \_\_\_\_\_

FIRM/COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

#### REPRESENTATIVE ATTORNEY (if needed)

NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### BUSINESS PARTNER / EXECUTIVE

NAME \_\_\_\_\_

FIRM/COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

#### REPRESENTATIVE ATTORNEY

NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_



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WHAT IS YOUR DESIRED RESULT OF MEDIATION

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NEUTRAL INFORMATION

PARTIES MUTUALLY AGREE ON NEUTRIAL(S) - MICHAEL LODGE, NCPM \_\_\_ YES \_\_\_ NO

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FEE SPLIT

PLAINTIFF/CLAIMANT \_\_\_\_\_% DEFENDANT/RESPONDENT \_\_\_\_\_%

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SUBMISSION INFORMATION

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ ARE YOU THE DECISION MAKER TO SETTLE YES NO

FIRM/COMPANY (IF APPLICABLE)

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PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

CLAIMANT ATTORNEY \_\_\_ RESPONDENT ATTORNEY \_\_\_

BUSINESS REPRESENTATIVE \_\_\_ OTHER PARTY \_\_\_

SEND TO: MLODGE@LODGE-CO.COM OR FAX TO: 561.584.5221

OTHER NOTES: Do either party have medical conditions that we need to provide for as in additional breaks or other accommodations? Yes No

If yes please describe: \_\_\_\_\_

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