

**Application for Family Mediation**  
(All information you provide is confidential!)

**NOTE: The Community Mediation Center (CMC) must have a completed application, \$35.00 administrative fee, and tax return from each party before applications are reviewed and scheduled for mediation.**

Your name \_\_\_\_\_ Age: \_\_\_\_\_

Other participant \_\_\_\_\_ Their phone: \_\_\_\_\_ Age: \_\_\_\_\_

**Information About You:**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

County, City, State, Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Cell Phone or Beeper: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Information About Your Income: (You MUST provide a copy of your most recent full tax return NOT a W-2 or paycheck stub)**

**1. What is your gross revenue (before taxes)?** \_\_\_\_\_

**Include salaries, wages, retirement, spousal support, trust income, workers compensation, as well as untaxed or unreported income such as gifts, bequests, disability payments, state funds, child support.**

**All disclosures are part of the mediation process and confidential. We want to get an accurate picture of what you live on, so we can set your sliding scale fee accurately and fairly. Both the amount of income you disclose and the amount of your fee is not disclosed to the other party without your permission.**

**Information about your children:**

**2. List full names of all your minor child(ren). Place a  $\checkmark$  beside the child(ren) in this case.**

**Name:**

**Date of Birth:**

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

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

3. Briefly list the reasons you are requesting mediation:

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4. Do you have concerns about mediating in the same room with the other participant? (yes) (no)  
(if yes, describe your reasons)

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5. Is there currently an order of protection, restraining order, or an injunction against you or other participant at this time? (yes) (no) (if yes, state which one, describe details, & give court dates)

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6. Has there ever been an order of protection against you or the other participant? (yes) (no)  
(if yes, describe and include the court and court dates)

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7. Have you ever hired an Attorney to assist you in this action? (yes) (no)

Please give us your attorney's name and phone number: \_\_\_\_\_

8. Will your attorney be attending mediation with you? (yes) (no) (don't know)

\*If yes or don't know –then you must contact your attorney and tell them that you want them to attend\*

\*If your attorney agrees to attend the mediation with you then all scheduling will be made through your attorney. We require you to inform your attorney of your availability.

8. Do you have specific questions that you would like to have the mediators answer for you?  
(yes) (no) (if yes, then briefly state your questions)

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9. Please mark an X in the area that you CANNOT mediate at all. Please note that we schedule mediation according to the availability of our mediators.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Morning 9am-11am				
Afternoon 12pm-5pm				
Evening 6pm- 9pm				

**PLEASE READ & UNDERSTAND THE FOLLOWING BEFORE SIGNING BELOW:**

- All fees are non refundable!
- I understand that mediation will not be scheduled until both parties have returned the completed application, tax info, and administrative fee. Applications will be discarded after 60 days if all information is not received. Both parties will then need to resubmit another application and administrative fee.
- I understand that the fees for the mediation will be based on my income. (CMC uses a sliding scale charge from \$25 - \$200.) The staff will provide me with my individual fee. I understand the mediation fee will cover one appointment. Mediation fee must be paid with cash, in full, three (3) days prior to mediation during office hours to the staff and NOT to mediators at the time of mediation.
- I understand that if I should cancel the mediation in less than 24 hours then I must pay \$100.00 for late cancellation. If my attorney cancels in less than 48hrs then I must pay \$100.00 as well. I understand that I cannot cancel mediation for the other party and cancellations are at the discretion of the CMC staff.
- I understand that I must show AND participate in mediation or be charged \$100.00 fee.
- I agree to notify CMC immediately of any change of address and phone numbers.
- I understand that I cannot record the mediation by using ANY type of device or by bringing someone else to do the recording. I also understand that my attorney is not allowed to record the mediation.

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Signature

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Date

## (WE DO NOT ACCEPT CHECKS)

\*Paying application fee options: 1. cash, cashiers check, or money order (make out to C.M.C.)  
2. visa or master card online at [www.2mediate.org](http://www.2mediate.org) through pay pal

\*Paying mediation fee: YOU MUST PAY IN PERSON WITH CASH TO STAFF ONLY (staff will determine deadline date)

Mail or drop application off ONLY to: Community Mediation Center  
Andrew Johnson Building  
912 S. Gay St., Suite L-300  
Knoxville, TN 37902  
Office: 865-594-1879  
Fax: 865-594-1890 (do not fax your application)  
www: 2mediate.org  
email: [supshaw@2mediate.org](mailto:supshaw@2mediate.org) (do not email your application)

