

Application for Mediation

NOTE: The Community Mediation Center (CMC) must have a completed application and the \$35.00 administrative fee from each party before applications are reviewed and scheduled for mediation. All information you provide is confidential!

Your name _____ Age: _____

Name of other participant _____ their ph# _____ Age: _____

Information About You:

Street Address: _____

County: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Information About Your Income:

(You must provide a copy of your most recent tax return with the return of this application)

1. What is YOUR individual gross income (before taxes): _____
(include government assistance of any kind and any retirement income)

What is your gross income (before taxes)? Include salaries, wages, retirement income, spousal support, trust income, and workers compensation, as well as untaxed or unreported income such as gifts, bequests, disability payments.

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.

2. Briefly list the reasons you are requesting mediation:

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

4. Is there currently an order of protection, restraining order, or an injunction against you or the other participant at this time? (yes) (no) (if yes, describe details, what court and any court dates)

5. Has there ever been an order of protection restraining order, or an injunction against you or the other participant? (yes) (no) (if yes, describe and include the court and dates it was active)

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

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

7. 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)

9.

12. 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-2pm)				
Afternoon (1pm-4pm)				
Evening (5pm-9pm)				

Remember to send your \$35.00 non-refundable administrative fee with your application.

I understand that I will not be scheduled for mediation until both parties have returned the completed application and administrative fee. Applications will be discarded after 60 days if not received. Both parties will 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 \$0 - \$600.) The staff will provide you with your individual fee. Mediation fee must be paid (3) three days prior to mediation during office hours to the staff. Fees cannot be paid to the mediators.

I understand that CMC will place our application in order based on the day it is received. If you have specific dates and we do not have appointments available at that time, then it may take longer to schedule your 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 if I do not show or participate in the mediation then I must pay \$100.00.

I agree to notify CMC immediately of any change of address and phone numbers. CMC will maintain that information confidentially!

Signature

Date

***WE DO NOT ACCEPT CHECKS AT THIS TIME!**

*Paying options: 1. cash, cashiers check, or money order (make out to C.M.C. and/or drop off at office)
2. visa, or master card (also debit cards) online at www.2mediate.org

Mail or drop off to: Community Mediation Center
912 S. Gay Street, Suite L-300
Knoxville, TN 37902

Office phone#: (865) 594-1879
Fax phone#: (865) 594-1890
E-mail: supshaw@2mediate.org
Web address: www.2mediate.org