



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 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: _____

WHAT IS YOUR DESIRED RESULT OF MEDIATION

NEUTRAL INFORMATION

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

FEE SPLIT

PLAINTIFF/CLAIMANT _____% DEFENDANT/RESPONDENT _____%

SUBMISSION INFORMATION

SUBMITTED BY _____ DATE _____

TITLE _____ ARE YOU THE DECISION MAKER TO SETTLE YES NO

FIRM/COMPANY (IF APPLICABLE)

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: _____
