



**MEDIATION  
INTAKE  
FORM**

**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: 818.806.3038

**CASE CAPTION**

\_\_\_\_\_ VS. \_\_\_\_\_

**CLAIMANT**

NAME \_\_\_\_\_

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

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

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

**REPRESENTATIVE ATTORNEY**

NAME \_\_\_\_\_

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

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

\_\_\_\_\_





**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](mailto:MLODGE@LODGE-CO.COM) OR FAX TO: 818.806.3038

**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:** \_\_\_\_\_

---