

# Mediation Intake Form

Erik Johnson, Conflict Mediation Coach

Initiating Party (Person requesting mediation):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (O) \_\_\_\_\_  
Phone (W) \_\_\_\_\_ Phone (M) \_\_\_\_\_

Responding Party (Person on other side)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (O) \_\_\_\_\_  
Phone (W) \_\_\_\_\_ Phone (F) \_\_\_\_\_

Type of dispute: (check one or more)

Church  
 Marriage/partnership  
 Family/teenager  
 Consumer  
 Business  
 Neighborhood  
 Other (describe) \_\_\_\_\_

Amount involved in dispute (if applicable): \$ \_\_\_\_\_

Please download and mail hard copy to

**Erik Johnson**  
Conflict Mediator Coach  
4200 Guide Suite 215  
Bellingham, WA 98226  
For questions call 360-384-4211