

| | |
|----------------|-------|
| Date: | _____ |
| Time: | _____ |
| Intake Worker: | _____ |
| Court File #: | _____ |

| |
|---|
| Referred By: |
| <input type="checkbox"/> Community Support Worker |
| <input type="checkbox"/> Provincial Court Order |
| <input type="checkbox"/> Akwesasne Mohawk Court Order |
| <input type="checkbox"/> Other |

Intake worker MUST ensure they receive a valid phone number and mailing address to ensure delivery.

MEDIATION INTAKE FORM

APPLICANT:

ADDRESS:

PHONE: _____

DISTRICT:

- Kanatakon
- Kawehnoke
- TsiSnaihne
- Akwesasne, NY

RESPONDENT:

ADDRESS:

PHONE: _____

DISTRICT:

- Kanatakon
- Kawehnoke
- TsiSnaihne
- Akwesasne, NY

ISSUE(S): Child Support Access Other _____

Please explain your issue and how you would like to see it resolved. [If issue is Access/Child Support list child(ren) date of birth and membership status.]

| | | |
|--|----------------|-------------|
| Applicant's Choice for Mediator and Alternate: | Choice: | Alt: |
| Respondent's Choice for Mediator and Alternate: | Choice: | Alt: |

**AKWESASNE MOHAWK COURT
ACTIVE MEDIATORS AS OF MAY 1, 2016**

| |
|-----------------|
| Please see List |
| |
| |
| |
| |
| |
| |
| |

If the Intake is conducted over the phone you must ensure the Applicant is aware of the \$35.00 fee for Administration. This fee covers the expense of filing, mailing and scheduling. Please inform party that they will lose their \$35 fee if the other party does not cooperate in the mediation. Please get a valid civic or mailing address for both parties. If mediation is voluntary, then the Respondent has two weeks to respond to participate. The Applicant must provide the Court with a valid address for the respondent.

Let the Applicant know who we have on our current list of Mediators as noted above, so she/he may give verbal selection of a their preferred mediator. The Respondent must agree to the mediator(s) selected so please rank your selections in priority order.