

MEDIATION INTAKE FORM

BASIC INFORMATION:

Your Name _____ Date ____/____/____

Home Address (including zip code): _____ Email Address: _____

Home # (____) _____ Work # (____) _____

Cell # (____) _____ Fax # (____) _____

Birth Date ____/____/____

OTHER PROFESSIONALS CURRENTLY INVOLVED IN CASE

Atty 1 _____

Atty 2 _____

Psychotherapists: _____

FAMILY COMPOSITION: (List other family members)

Name	Age	Birth Date	Birth Place	Occupation or Current School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FEE POLICIES AND PROCEDURES

1. Your fee is stated in your Pre Mediation Agreement.
2. You may be asked for a deposit and billed monthly for services during the month. If not, payment is expected at the time of your session.
3. We ask you pay a deposit for your first session at least 48 hours before the session by check, credit card or cash. Please make checks payable to "Lund & Strachan." We ask for a credit card for services after the first session unless agreed to otherwise by your mediator.
4. Mediation bills cannot be submitted for insurance reimbursement. It is a forensic service.
5. We will ask you for authorization for credit card payment of any fees not paid at the end of a calendar month or within one month of receipt of the statement. In the event there is any problem with collecting fees, we will charge interest of 1% per month on the outstanding balance. In the event we must incur costs to collect fees, those costs will be the responsibility of the client.
6. If you find an error in your statement, informing us in writing will help us deal most quickly with your concern.
7. Cancellation Policy: If you need to cancel or reschedule an appointment, please call us as soon as possible and not less than 48 business-day hours in advance to avoid a charge (i.e. canceling a Monday appointment on Friday is not sufficient notice). If you do not cancel at least 48 business-day hours in advance, you will be responsible for the fee for the session. We have this policy because a time commitment is made to you and is held exclusively for you.
8. If the mediator involved in this case is deposed or called to testify in court on any issue regarding this case, she will be treated as expert witnesses, payment will be made seven (7) office days in advance to schedule their testimony time (a minimum of a half-day with no on-call), and she will be paid her hourly fee for the testimony time plus preparation and travel time needed for her testimony.
9. By engaging in mediation, you are agreeing to pay the fee for each session at the time of service. If it is necessary for me to make phone calls, review documents or write documents as part of my services to you, those services will be charged to you at the same rate as for sessions.

Your signature indicates that you have received a copy, read, understood, and are willing to abide by the above agreement.

Client Name

Client Signature

Date

Client Information for Billing

Your Name: _____

Mediator's Name: _____

Hourly Fee: \$ _____ Date of First Session: _____ / _____ / _____

Send Monthly Statement? ____ Yes ____ No

Person or Persons Responsible for Payment:

Name: _____ % ____ Name: _____ % ____

Special Billing Instructions or Arrangements (e.g. deposits or alternate address):

Please provide your credit card information below. Your card will be charged automatically at the end of each month for services rendered which have not been paid. Please check one:

I will pay by the session with a check or with my credit card. Please charge any unpaid charges to my account at the end of each month.

Please charge my credit card at the end of each month.

I, the undersigned, have read the above fee policies and procedures and agree to abide by them. I agree to authorize payment for any fees outstanding at the end of any month on the following credit card (Master Card or Visa):

Credit Card Number

Expiration Date

Name (printed)

Name (signed)