Date:	Referred By:
Time:	Community Support Worker
Intake Worker:	Provincial Court Order
Court File #:	Akwesasne Court Order
	□ Other

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

MEDIATION INTAKE FORM

APPLICANT:	PHONE:	
Address:	DISTRICT: Kanatakon	-
	 Kawehnoke	
	TsiSnaihne	
	Akwesasne, NY	
RESPONDENT:	PHONE:	
Address:	DISTRICT: Kanatakon	-
	 Kawehnoke	
	TsiSnaihne	
	Akwesasne, NY	
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 COURT MEDIATORS

Lani Sunday Theresa Thompson Laura Benedict Angie Green Jennine Hall Diane Boots Curtis Lazore

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 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.