

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

Referred By:
<input type="checkbox"/> Community Support Worker
<input type="checkbox"/> Provincial Court Order
<input type="checkbox"/> Akwesasne 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 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.