



270 Genesee St. Utica, NY 13502
Phone 315.724.1718 Fax 315.724.1375
www.thepeacemakerprogram.org

Mediation & Arbitration Services Intake / Referral Form

Referring Agency Only – Self-Referrals Please Skip This Section

Referrer Name

Referrer Phone

Referral Date

Agency Name

Agency Phone

Agency Fax

Agency Case Number

Next Appointment or Court Date & Time

Court File #

CIN #

Connections ID#

Relevant Docket Numbers

Referral / Case Type:

- Custody / Visitation / Child Support
- Parent-Child / PINS
- Divorce / Matrimonial
- Child Permanency
- Other Family Mediation
- Small Claims Court or Property
- Lemon Law
- Early Intervention
- Special Education
- Other Community Mediation

Please give a brief summary of the issues to be resolved in the dispute

Parties Involved in the Dispute

Please fill out the following information, if applicable. If you are unsure about any applicable information, please write "unknown".

In accordance with the Privacy Act of 1974, all information will be used for reporting purposes only. Disclosure of information is strictly voluntary; however, failure to disclose essential information may result in delay in the processing of this case.

In a small claim, landlord-tenant, or other community case, the First Party should be the Claimant or Petitioner who filed the grievance. In a child custody, visitation, support, or permanency case, the First Party should be a parent (usually the mother). In a Parent-Child case, the First Party should be the child who is the primary subject of the dispute. In a divorce or matrimonial case, the First Party may be either spouse.

➤ **First Party (Case Name)**

 Last Name First Name MI

 Address City State ZIP

 Phone Number(s) Date of Birth Age

Male Female

 Relationship in Dispute (Mother, Landlord, etc)

 Social Security # Docket # PID # Months in Care

 Attorney or Law Guardian Law Office Phone Fax

 Legal Guardian Probation Officer

 School Contact Person Phone

Employment / Income Source:	Income Range:		Ethnicity:	Highest Grade Level Completed:
<input type="checkbox"/> Employment (Self)	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> \$35,001-\$45,000	<input type="checkbox"/> Asian	<input type="checkbox"/> <9 <input type="checkbox"/> Associate
<input type="checkbox"/> Employment (Family Member)	<input type="checkbox"/> \$0-\$9,000	<input type="checkbox"/> \$45,001-\$55,000	<input type="checkbox"/> Black	<input type="checkbox"/> 9 <input type="checkbox"/> Bachelors
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> \$9,001-\$16,000	<input type="checkbox"/> \$55,001-\$65,000	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 10 <input type="checkbox"/> Masters
<input type="checkbox"/> Social Security (Retirement)	<input type="checkbox"/> \$16,001-\$25,000	<input type="checkbox"/> \$65,001-75,000	<input type="checkbox"/> American Indian	<input type="checkbox"/> 11 <input type="checkbox"/> Doctorate
<input type="checkbox"/> Social Security (Disability)	<input type="checkbox"/> \$25,001-\$35,000	<input type="checkbox"/> \$75,001 or more	<input type="checkbox"/> White	<input type="checkbox"/> 12
<input type="checkbox"/> Student			<input type="checkbox"/> Other	
<input type="checkbox"/> Unemployed				

Please list additional parties in the dispute on the attached pages. This must include any **minor children** involved in, or the subject of, the dispute (for example, in a custody dispute). You may continue to add blank sheets as required.

➤ **Additional Party**

Last Name First Name MI

Address City State ZIP

Phone Number(s) Date of Birth Age

Male Female

Relationship in Dispute (Mother, Landlord, etc)

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