

ATD MEDIATION, LLC

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INTAKE SHEET Fax: 954.693.0673

Mediation Request Initiated by counsel for: () Plaintiff () Defendant

Plaintiff's Counsel

Asst. Name: _____ Phone: _____

Fax: _____ Email: _____

Attorney's Name: _____

Firm: _____

Defendant's Counsel

Asst. Name: _____ Phone: _____

Fax: _____ Email: _____

Attorney's Name: _____

Firm: _____

Mediation Information

Duration: _____ **Mediator:** 1st _____ 2nd _____ 3rd _____

Requested Dates: _____ / _____ / _____

Requested Time: () 10:00 am () 10:00 am () 10:00 am
or other: () 12:00 pm () 12:00 pm () 12:00 pm
_____ () 2:00 pm () 2:00 pm () 2:00 pm
() 4:00 pm () 4:00 pm () 4:00 pm

CNH-Cindy
LB-Laura
RF-Randy
BEL-Barbara
RM-Reed
RN-Robbin
AP-Ada
BS- Bob

Location: () KB Miami () KB Ft. Laud () KB Aventura () KB Hollywood
() KB Boca () KB WPB () Other: _____

Note: Please understand we will do our best to accommodate your request but cannot guarantee availability.
We do guarantee contacting you within one business day of your submission of this intake sheet.

Source: AP

1140 NW 100th Way ■ Ft. Lauderdale, FL 33322 ■ 954.599.0401 ■ 305.926.8801

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