

# 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:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**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: RM

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

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AVENTURA ■ BOCA RATON ■ HOLLYWOOD ■ MIRAMAR