

ATD MEDIATION, LLC

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INTAKE SHEET

Fax: 954.693.0673 / Email: info@agree2disagree.com

Mediation Request Initiated by counsel for: () Plaintiff () Defendant
() Court Ordered () Voluntary

Plaintiff's Counsel

Asst. Name: _____ Phone: _____

Attorney/Firm Name: _____

Defendant's Counsel

Asst. Name: _____ Phone: _____

Attorney/Firm Name: _____

Mediation Information

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

Requested Dates: _____ / _____ / _____

Requested Time: _____
or other: _____

() 10:00 am () 10:00 am () 10:00 am
() 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 Hannah
AB-Anne Bloom
LB-Laura Bonn
JF-Jim Fierberg
RF-Randy Freedman
DG-Dana Gallup
RM-Reed McClosky
PM-Pat Murphy
JP-Jocelyn Poole

Location: () Miami () Ft. Laud () Aventura () Hollywood
() Boca () 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.

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