

**OTTAWA COUNTY MUNICIPAL COURT  
OTTAWA COUNTY, OHIO**

**MEDIATION PROGRAM INTAKE FORM**

DATE: \_\_\_\_\_

MEDIATION NO.: \_\_\_\_\_

Claimant #1    Sex: M\_\_\_ F\_\_\_

Respondent #1    Sex: M\_\_\_ F\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
City/State

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Claimant #2    Sex: M\_\_\_ F\_\_\_

Respondent #2    Sex: M\_\_\_ F\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
City/State

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

NATURE OF THE CLAIM:    (Check the appropriate line(s))

\_\_\_\_ Money due on an account

\_\_\_\_ Money lent

\_\_\_\_ Rent

\_\_\_\_ Security deposit

\_\_\_\_ Taxes/Utilities

\_\_\_\_ Faulty repair work

\_\_\_\_ Damage to personal property

\_\_\_\_ Dishonored check

\_\_\_\_ Other: \_\_\_\_\_

**CLAIMANT'S STATEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status of Claimant #1

Status of Respondent #1

\_\_\_\_ Individual

\_\_\_\_ Individual

\_\_\_\_ Business/Corporation

\_\_\_\_ Business/Corporation

\_\_\_\_ Business/Partnership

\_\_\_\_ Business/Partnership

\_\_\_\_ Business

\_\_\_\_ Business

\_\_\_\_ Other

\_\_\_\_ Other

Status of Claimant #2

- Individual
- Business/Corporation
- Business/Partnership
- Business
- Other

Status of Respondent #2

- Individual
- Business/Corporation
- Business/Partnership
- Business
- Other

How long has it been since this dispute began?

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 0-30 days  | <input type="checkbox"/> 31-90 Days | <input type="checkbox"/> 3-6 Months    |
| <input type="checkbox"/> 1/2-1 Year | <input type="checkbox"/> 1-2 Years  | <input type="checkbox"/> Years or more |

Have you had prior problems with the same respondent(s)?  Yes  No

Relationship between the claimant and the respondent:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Husband/Wife      | <input type="checkbox"/> Ex-spouse         | <input type="checkbox"/> Relationship    |
| <input type="checkbox"/> Parent/Child      | <input type="checkbox"/> Neighbors         | <input type="checkbox"/> Ex-relationship |
| <input type="checkbox"/> Acquaintances     | <input type="checkbox"/> Friends           | <input type="checkbox"/> Roommates       |
| <input type="checkbox"/> Co-Workers        | <input type="checkbox"/> Employee/Employer | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Merchant/Consumer | <input type="checkbox"/> Agency/Consumer   | <input type="checkbox"/> Other: Family   |
| <input type="checkbox"/> Business/Business | <input type="checkbox"/> Strangers/Unknown | <input type="checkbox"/> Other: _____    |

MEDIATION OUTCOME: