

**MEDIATION SCREENING FORM**

Please complete and return prior to the mediation. Also enclosed with this mailing should be the prepayment of fees.

**INFORMATION ABOUT THE PARTY:**

Name of Party: \_\_\_\_\_  
Name of Attorney: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address Firm: \_\_\_\_\_  
Phone of Attorney: \_\_\_\_\_ Fax of Attorney: \_\_\_\_\_  
Name of Adjuster: \_\_\_\_\_  
Name of Carrier: \_\_\_\_\_

(If not represented by an attorney, provide information for the party.)

**INFORMATION ABOUT THE CASE:**

Type of matter:	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Worker's Compensation
	<input type="checkbox"/> Employment	<input type="checkbox"/> Commercial	<input type="checkbox"/> Real Estate/Property
	<input type="checkbox"/> Collections	<input type="checkbox"/> Construction	<input type="checkbox"/> Consumer
	<input type="checkbox"/> Community	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Contract
	<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Fee Disputes	<input type="checkbox"/> Professional Malpractice
	<input type="checkbox"/> Other _____		

Briefly describe the factual dispute:

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

Briefly describe the legal issue(s):

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

**IF THE MATTER IS IN LITIGATION:**

Case Style (Name): \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Court: \_\_\_\_\_  
Judge: \_\_\_\_\_  
Other Court Requirements: \_\_\_\_\_

Complete and return to:

ADR Works  
Tracey Kookendoffer, ADR Coordinator  
106 West Second Street  
Lexington, KY 40507