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MEDIATION INITIAL INTAKE INFORMATION

(Please Print)

SEMA CASE NO.: _____

PANELIST: _____

PARTIES:

Plaintiff: _____

Address: _____

Telephone: Cell: _____ Home: _____

Email: _____

Defendant: _____

Address: _____

Telephone: Cell: _____ Home: _____

Email: _____

REPRESENTATIVES (if any):

Plaintiff's: Address: _____

Telephone: Cell: _____

Email: _____

Defendant's: Address: _____

Telephone: Cell: _____

Email: _____

If additional space is needed for any additional parties and/or representatives, please attach an additional page.

SUBJECT MATTER:

_____.

The above information will be used to insure that a conflict does not exist for the Mediator.