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The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Mediation Questionnaire

I am providing this information for the purpose of having mediation. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

Name

Date

Signature

MEDIATION QUESTIONNAIRE

YOUR NAME: _____

YOUR ADDRESS _____

PHONE NUMBER: _____

THE OTHER PARTY'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

WHAT IS THE ISSUE: _____

PLEASE EXPLAIN
