Transcending Troubles Consulting & Mediation
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Client Intake Form

Please complete one form per person. Everything you share here is confidential and is used only to prepare for your mediation.

To return this form: type your answers, save the completed form, and email it to **nbrown@transcendingtroubles.com**.

About you

Full name: _____

Phone: _____

Email: _____

Mailing address: _____

Best way to reach you: ☐ Phone ☐ Text ☐ Email

Is it safe to leave a voicemail or send a text at the number above? ☐ No ☐ Yes

The other person in this conflict

Full name: _____

Their phone (if known): _____

Their email (if known): _____

Your relationship to them (spouse, ex, family member, coworker, neighbor, business partner, other):

_____

About the conflict

Type of conflict (check all that apply):

☐ Family ☐ Divorce / separation ☐ Co-parenting / custody-related

☐ Workplace ☐ Neighbor ☐ Business / money Other: _____

In a few sentences, what is this conflict about?

_____

_____

_____

How long has this been going on? _____

What have you already tried to resolve it? (talked directly, involved family, attorneys, filed anything, nothing yet)

_____

_____

Court and legal matters

Is there a court case open about this issue? ☐ No ☐ Yes

— where and what kind: _____

Is there a protection order (PFA / restraining order) in place involving either of you? ☐ No ☐ Yes

— please describe: _____

Do you have an attorney? ☐ No ☐ Yes

— name: _____

Safety screening

These questions help the mediator keep sessions safe and productive for everyone. Honest answers will not automatically disqualify you — they help us decide how sessions should be structured.

Has there ever been a restraining or protective order between you and the other party? ☐ No ☐ Yes

Has there been any physical violence, or threats of violence, between you? ☐ No ☐ Yes

Are you afraid of the other party? ☐ No ☐ Yes

Does either of you have access to firearms or other weapons that concerns you? ☐ No ☐ Yes

Are alcohol or substance issues likely to affect either person's ability to take part in a session? ☐ No ☐ Yes

Is there anything that would make it hard for you to speak freely with the other party in the room — or anything that would make it hard for them to speak freely with you? ☐ No ☐ Yes

If yes to any of the above, please explain briefly:

_____

_____

What you're hoping for

What would a good outcome look like for you?

_____

_____

Is there anything the mediator should know before the first conversation?

_____

_____

Scheduling

Intake conversations are held **by phone or by Zoom**. Joint mediation sessions are held **by Zoom or in person** in the Harrisburg area — we will confirm what works when we schedule.

Days/times you are generally available (weekday mornings, afternoons, evenings):

_____

Any hard deadlines or dates that matter (court dates, move-out dates, etc.)? _____

How you found us

How did you hear about Transcending Troubles? ☐ Referral ☐ Instagram/social media ☐ Book Other:

Other: _____

Signature: _____ Date: _____

Thank you. Nicol will review this and contact you about next steps.

Save this completed form and email it to nbrown@transcendingtroubles.com.