

SHARED NEUTRALS

an Alternative Dispute Resolution Exchange
Sponsored by the Oregon Federal Executive Board

Case #: _____ Intake Date: _____

Location: _____ Case Name: _____

Letters Sent Date: _____ Intake staff: _____

Referral: Name/Agency/#: _____

Mediators: Primary: _____ Co: _____

EEO case? _____ Session Dates: _____

Brief Description of Issues:

Party 1 (P1) Information:

Name: _____
Agency: _____ Phone: _____

Relationship to P2: _____
Mailing Address: _____

Representation: _____
yes no attorney

Representative: _____

Address: _____
Phone: _____

Party 2 (P2) Information:

Name: _____
Agency: _____ Phone: _____

Relationship to P1: _____
Mailing Address: _____

Representation: _____
yes no attorney

Representative: _____

Address: _____
Phone: _____

Others involved with Parties? _____ (Please fill out another sheet)

Requested remedy (describe):

Disposition: (enter date in brackets)

Information provided []	Problem solving []	First party withdraws []
--------------------------	---------------------	---------------------------

Referred out []	Second party declines []	Shared neutrals declines []
------------------	---------------------------	------------------------------

Results: (circle all that apply) settled not settled successful

Date of closure: _____

SHARED NEUTRALS

an Alternative Dispute Resolution Exchange
Sponsored by the Oregon Federal Executive Board

*The purpose of intake is not to hear about the details, but to gather and provide basic information so the parties can make an informed choice about whether the Shared Neutrals program might assist them. Major details of the case should be left to the Primary Mediator in the **Case Development Process***

The following checklist includes the information that needs to be covered during intake. The purpose of intake is to provide information *to* and get information *from* parties in order to:

- ◇ **confirm that a referral is appropriate for mediation;**
- ◇ **ensure that all potential participants understand our services;**
- ◇ **assign a mediator who is appropriate to the referral.**

If Liaison has contacted Shared Neutrals, ASK:

- Is the referral appropriate for Shared Neutrals?
- Are there any specific agency requirements?
- Are the parties expecting a call from us?

If the Party has contacted SN, ASK/tell:

- Is the employee of participating agency?
- Have they discussed issue with **agency liaison** (if applicable)?
- Have they received program materials?
- Do they have a copy of **Consent to Mediate**? (must be signed by all parties at mediation)
- What might mediation do for you?
- Is there any feeling of being coerced to mediate?
- Are there concerns about/do they understand about confidentiality in session?
- We do not make decisions.
- You may/may not achieve resolution.
- Our program uses a 2-mediator model
- Mediators will be unknown to you/other party (from separate agency).
- Do you think mediation might work for you?
- Is there any information you need to decide whether mediation might work for you?
- Are there any specific requests you have about the mediators (race, gender, styles)?
- Do you have any other special needs (interpreter, wheelchair access, etc.)?
- How soon do you want to begin?
- When are good times, generally, for you?
- Explain mediation sessions -- length of time, number of times, general format.
- Are you planning any vacations or have any other *general* scheduling needs?
- Is it okay for me to contact other party?
- Assuming that all parties are willing, the next call will likely be from the mediator assigned to this mediation, who will ask you specifics about your situation. Okay?