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<http://www.bayeast.org>



## Mediation Intake Form

Name \_\_\_\_\_

Party #1 (Complainant) \_\_\_\_\_  
(Circle one)      Buyer      Seller      Buyer's Agent      Listing Agent

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of Dispute: \_\_\_\_\_ (Approximate if necessary)

Type of Dispute: \_\_\_\_\_

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

### Information on Parties:

Buyer(s):      Name: \_\_\_\_\_  
                    Address: \_\_\_\_\_  
                    Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
                    Email: \_\_\_\_\_

Buyer's Agent:      Name: \_\_\_\_\_  
                            Address: \_\_\_\_\_  
                            Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
                            Email: \_\_\_\_\_

Seller(s): Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Listing Agent: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Third Party Information:**

Other Parties: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

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**For Bay East AOR use only:**

Case # \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Deposit Received: \_\_\_\_\_

Mediator Assigned: \_\_\_\_\_

Date Mediation Scheduled: \_\_\_\_\_ Location: \_\_\_\_\_

**Mediators Assigned:**

Doreen Roberts  
 Nancie Allen

Sheila Cunha  
 Laura Wilson

Sharon Luther

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_