



GENESIS
WE CREATE PEACE

**Eldercare Mediation
General Information**

Full Legal Name (First, Middle, Last): _____

Residence Address: _____

City, State, Zip: _____

Mailing Address if different than above: _____

City, State, Zip: _____

Cell Number: _____ Work/Home Number: _____

Email: _____

Have you retained or consulted an attorney? ____ If so, name _____

Name of Parents _____

Name of Children / Siblings and ages _____

Questions/Concerns/Goals

What is your highest hope in going through a mediation process? _____

What are some questions or concerns you have about mediation? _____

How did you find out about Genesis Mediation? _____