

# Mediation Intake

Christian Counseling Center of Wichita, Inc.  
333 S. Greenwood St, Wichita KS 67211 \* 4290 N. Monroe, Hutchinson KS 67502

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone/cell phone \_\_\_\_\_ / \_\_\_\_\_

Mediation issue being addressed: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

I am court-ordered (please circle one):    Yes                    No

I was referred by:

Agency \_\_\_\_\_

Individual \_\_\_\_\_

I will need information regarding this mediation to be released to the following individual/agency:

Agency \_\_\_\_\_

Individual \_\_\_\_\_

Fax number \_\_\_\_\_

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I understand that I am responsible for 1/2 of the \$150.00 per session fee and agree to pay at time of service. If applicable, I authorize the Christian Counseling Center to release information about my mediation to the above-named agency and/or individual. I understand no documentation will be released if fee is not paid.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name