

Legal:

Attorney name, address and phone: _____

Describe any other litigation or legal issue NOT pertaining to current legal situation

Please state if you or any family member has been arrested or convicted for any offense other than traffic (unless involving drugs or alcohol). Please list offenses and when they occurred.

Have you been court ordered to appear in this office: Yes ___ No ___

Clinical:

Please list any other professionals w/ telephone numbers and email addresses involved in this case:

Who is the person you are in conflict with: _____

What are the main issues of conflict from your perspective:

How would you characterize your ability to communicate with that person concerning the above issue:

- (1) Non-existent
- (2) Somewhat or sometimes
- (3) Possible with 3rd party present
- (4) Not a problem

Is there anything else you would like me to know:

Please read the information below carefully and sign where indicated. Your signature signifies your agreement to the terms outlined below. Take Charge, Inc. reserves the right to adjust this any part of this agreement at any time.

I hereby authorize Terri Clinton Dichiser LCPC, Take Charge Inc., to release Memorandum of Understanding to my attorney and other professionals I have listed above. _____

I agree to pay Take Charge Inc. the retainer fee as outlined in the *Agreement to Mediate* at the time services are rendered. _____

I understand that I am fully responsible for all services and charges, including all telephone or email contact and administrative charges at a prorated rate based on the hourly fee which will be deducted from the original retainer fee paid. I agree to pay any invoiced services upon receipt. _____