



**SHARED NEUTRALS**  
An Alternative Dispute Resolution Exchange

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**INTAKE FORM**

Results: (circle all that apply)

settled

not settled

successful

Date of closure: \_\_\_\_\_

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**INTAKE CHECKLIST**

*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.**

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**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?

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## NEUTRAL PROFILE

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Name \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Email/other \_\_\_\_\_

Willing to travel? Any limitations? Special requests?

Education:

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Occupation:

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Professional Affiliations/Memberships:

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Professional Certifications/Licenses:

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Mediation training: (date, sponsor, hours)

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Mediation Experience:

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Please indicate experience with the following types of cases:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> workplace  | <input type="checkbox"/> <input type="checkbox"/> environmental | <input type="checkbox"/> <input type="checkbox"/> multi party   | <input type="checkbox"/> <input type="checkbox"/> cross cultural |
| <input type="checkbox"/> <input type="checkbox"/> EEO        | <input type="checkbox"/> <input type="checkbox"/> PP/land use   | <input type="checkbox"/> <input type="checkbox"/> facilitation  | <input type="checkbox"/> <input type="checkbox"/> community      |
| <input type="checkbox"/> <input type="checkbox"/> grievance  | <input type="checkbox"/> <input type="checkbox"/> commercial    | <input type="checkbox"/> <input type="checkbox"/> trainer       | <input type="checkbox"/> <input type="checkbox"/> family         |
| <input type="checkbox"/> <input type="checkbox"/> harassment | <input type="checkbox"/> <input type="checkbox"/> consumer      | <input type="checkbox"/> <input type="checkbox"/> OD/ADR design |  |

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**NEUTRAL PROFILE**

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*Special interests related to the subcommittee or mediation:*

*Anything else you would like us to know about you:*

*Please provide the names of three references who have direct knowledge of your mediation skills (program director, people you have mediated with, etc.)*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**To apply to the Shared Neutrals mediator roster, please return this completed form to Shared Neutrals Program Coordinator, Oregon Federal Executive Board, 1220 SW 3<sup>rd</sup> Ave., room 1776, Portland OR 97204-2823. Thank you for your interest in Shared Neutrals.**

## SHARED NEUTRALS

an Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board  
Federal Building, Room 1776  
1220 SW Third Avenue  
Portland, OR 97204

### Party Letter

Name  
Agency  
Address  
City, State, Zip

Dear Party:

Thank you for your interest in the Shared Neutrals' mediation program. This letter outlines how the Shared Neutrals Program might help you to resolve your situation. A mediator will contact you within a few days to answer any questions, and, if appropriate, to set up a mediation.

I am enclosing a copy of a "Consent to Mediate" form for you to review. You do not need to return this form prior to the session. However, each person present at the mediation will need to sign one of these forms at the session before the mediation can proceed. The mediators will have a form available. I am also enclosing a brochure describing the Shared Neutrals program.

Before your session, please:

- Review the Consent to Mediate (you will sign a copy of this at the session).
- Think about the issues that you would like to address within the mediation.
- Consider options for settling the conflict and how YOU can help resolve it.
- Collect any documents that you would like to show to the other person(s).

Remember that participation in mediation is voluntary. The mediators will ask that you come to the mediation willing to negotiate, be open, and listen to the other person(s). There will generally be two Shared Neutrals mediators there to help guide you through the process. They will not make decisions for you or take sides. Their job is to help you and the other person(s) make your own solutions.

It is important that you are informed about your alternatives, because it is not the mediators' role to provide this information. Please collect any information and facts you need before the meeting.

Sometimes an observer is given the opportunity to observe a mediation session for training purposes. The observer may be a mediator or other person connected with Shared Neutrals, but will **not** be someone from your agency. The observer is bound by the same rules of confidentiality as the mediator and signs the same confidentiality agreement as participants. Having the observer in the room is strictly voluntary and you can at any time ask that the observer not be present during the mediation.

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While each mediation is different, here is a brief outline of a typical mediation process:

- 1) Mediator Opening: Mediators explain the process, rules, and roles of participants.
- 2) Your Statement: You will have an uninterrupted chance to explain the situation from your point of view.
- 3) Agenda: You will develop a list of the issues to be resolved.
- 4) Discussions: You will work with the other side to develop solutions to each issue on your list.
- 5) Caucus: If they feel it would be useful, the mediators may hold a private, confidential meeting with you during the mediation.
- 6) Agreement: Once you have reached agreement with the other person(s), a written agreement may be signed.

The mediators will help structure the process to facilitate resolution. However, you will make the decisions about how you want to resolve your situation.

Mediation sessions are often 4-6 hours long. More sessions can be arranged as needed. Please call me at (503) 230-3536 if you have further questions or concerns, or discuss these issues with the mediator. The toll-free phone number, available Monday through Friday from 6:30 AM to 5:00 PM, is 1-800-282-3713, and then ask for extension 3536. You may also reach me at [ofeb@pcez.com](mailto:ofeb@pcez.com).

Sincerely.

Karin A. Waller, MSCR  
Shared Neutrals Program Coordinator

Enclosures: Consent to Mediate form  
Shared Neutrals brochure