



We Create Peace

General Information – Eldercare and Estate Mediation

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

Residence Address: _____

City, State, Zip: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

County: _____ State Resident of _____

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 We Create Peace LLC?