

# **Tools4Life LLC.**

**Mediation, Life Coaching & Counseling**

**103 E. 8<sup>th</sup> Street, Southport, NC 28461**

**Email: [Tools4Life15@gmail.com](mailto:Tools4Life15@gmail.com)**

**Office#: 910-987-6491; Fax#: 910-363-4075**

## ***Mediation Client Information***

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ Cell#: \_\_\_\_\_

CO-MEDIATION RECIPIENT'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Emergency Contact Information/if not significant other

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby consent to participation in Mediation and agree that at no time will Tools4Life LLC. Or Rebecca J. Hedgecock, LPC be subpoenaed by any legal representative that I may hire now or in the future.

\_\_\_\_\_

**CLIENT SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**WITNESS SIGNATURE**

\_\_\_\_\_

**DATE**