

Form M10: Mediation Means Assessment Form

[Sub-paragraph 13.3]

**EASTERN CARIBBEAN SUPREME COURT
COURT-CONNECTED MEDIATION MEANS ASSESSMENT FORM**

NOTE: ALL INFORMATION CONTAINED HEREIN IS SUBJECT TO OUR CONFIDENTIALITY RULES AND WILL REMAIN CONFIDENTIAL. YOU MUST ANSWER ALL THE QUESTIONS ON THIS FORM OR IT SHALL BE REJECTED. PLEASE ATTACH YOUR JOB LETTER AND PAYSLIP.

CLAIM NO. _____

Name and Address of Legal Practitioner: _____

A. CLIENT INFORMATION

Your Name: _____

Address:

Telephone: _____ Email: _____

Are you employed? _____ Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____ Length of time at current employment: _____

Monthly Salary (less deductions): \$ _____ Dependents: _____

Additional Sources of Income/Amount: \$ _____ **Total Monthly Income:** \$ _____

LIST OF EXPENSES:

BILLS: \$ _____ **MORTGAGE/RENT:** \$ _____ **CAR PAYMENTS:** \$ _____

FOOD: \$ _____ **MEDICAL/INSURANCE:** \$ _____ **OTHER:** \$ _____

\$ _____ \$ _____ \$ _____ \$ _____

TOTAL EXPENSES: \$ _____ NET INCOME: \$ _____

I CONFIRM THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING AND SUBMITTING THIS FORM TO THE REGISTRAR, I CONSENT TO THE REGISTRAR REQUESTING AND OBTAINING SUCH INFORMATION FROM THIRD PARTIES, FOR THE PURPOSE OF VERIFYING THE INFORMATION.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY:

DATE: _____ **APPROVED/NOT APPROVED:** _____

REASON: _____

REGISTRAR'S SIGNATURE: _____