



SELF-GUIDED INTAKE FORM
Conflict Artistry LLC

Name: _____ Date: _____

Phone: _____ Email: _____

What happened? *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Substance abuse or addiction | <input type="checkbox"/> Consent violation | <input type="checkbox"/> Bias or discrimination |
| <input type="checkbox"/> Dispute with a family member | <input type="checkbox"/> Harmful police encounter | <input type="checkbox"/> Theft or property violation |
| <input type="checkbox"/> Dispute with a neighbor | <input type="checkbox"/> Dispute involving a minor | <input type="checkbox"/> Other |

Please give a brief explanation: _____

Who or what was affected? *(check all that apply)*

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Me personally | <input type="checkbox"/> Family or friends | <input type="checkbox"/> Physical property | <input type="checkbox"/> Other |
| <input type="checkbox"/> Colleagues or neighbors | <input type="checkbox"/> Finances | <input type="checkbox"/> Organizational policies | |

Please give a brief explanation: _____

What can be offered to help resolve this matter? *(check all that apply)*

- Support in better understanding my concerns, needs, and interests (conflict coaching)
- Support in sharing with others how I've been impacted (dialogue facilitation)
- Accountability agreements with others in my community
- Access to resources (education and training, finances, housing, etc.)
- I would like a confidential meeting with a conflict specialist before deciding.
- Other: _____

Thank you for filling out this initial intake form. Please send this completed document as an attachment to contact@conflictartistry.org to request a live consultation. If you would like to talk through these questions with a Restorative Justice practitioner, please reach out to us at contact@conflictartistry.org or (541) 283-6445.