



MARYLAND ACReS INTAKE FORM

Date: _____

County _____

Phone: _____ **Cell** _____

Day Time _____ **Evening** _____

Referral Source: _____
(How did the you become aware of the ACReS Program)

Name and contact info of parties in conflict:

Name/ Address	Relationship	Day-time phone	Evening Phone	E-mail

DESCRIPTION OF CONFLICT:

WHAT HAS BEEN DONE THUS FAR TO ATTEMPT TO RESOLVE THE CONFLICT

Best Time to reach the parties if known – Any time. Number provided is cell

Any accommodation(s) needed for any party (translator, accessible meeting place or other)

All information taken is confidential.

Lawrence J. Hogan, Jr., Governor
Boyd K. Rutherford, Lt. Governor

Joseph Bartenfelder, Secretary
Mary Ellen Setting, Deputy Secretary

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