

## Personal Data and Information for Mediation

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

2. Other Party's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

3. What is the case number and the county where any action is pending?

Case # \_\_\_\_\_ County \_\_\_\_\_

4. Date of Marriage (if married) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Separation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Children of Current Marriage / Relationship?

| Full Name | Age   | Date of Birth | Residing With |
|-----------|-------|---------------|---------------|
| _____     | _____ | _____         | _____         |
| _____     | _____ | _____         | _____         |
| _____     | _____ | _____         | _____         |

6. Do you anticipate a dispute about custody of children? Yes No

7. Do you have any court dates pending? \_\_\_\_\_ When? \_\_\_\_\_

Is this a modification of a prior decree or court order? Yes No

8. Do you have an interest in reconciliation? Yes No

As far as you know, does your spouse / other party? Yes No

9. Are you presently seeing a counselor or therapist? Yes No

If Yes, Individual Joint Family Children

10. Have you previously seen a counselor or therapist? Yes No

If Yes, Individual Joint Family Children

11. Are you employed? Yes No

If Yes, Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Nature of Job \_\_\_\_\_

Date Hired \_\_\_\_\_ Current Salary /Wage \$ \_\_\_\_\_

12. Is your spouse / other party employed? Yes No

If Yes, Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Nature of Job \_\_\_\_\_

Date Hired \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Salary / Wage \$ \_\_\_\_\_

13. Do you presently have an attorney?                      Yes                      No  
If Yes, Name \_\_\_\_\_ Address \_\_\_\_\_  
City / ZIP \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

14. Does your spouse / other party presently have an attorney?                      Yes                      No  
If Yes, Name \_\_\_\_\_ Address \_\_\_\_\_  
City / ZIP \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your attorney planning to attend mediation with you?                      Yes                      No

15. Is there anything you would like me to know about your situation; about you?; about the other party?; about your family?

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16. Are there any "no contact orders" in place between you and your spouse / other party?                      Yes                      No

If yes, please explain:

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17. Do you feel afraid or threatened by your spouse / other party for any reason?                      Yes                      No

If yes, please explain:

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18. Has your spouse / other party...                      Hit you?                      Threatened you?                      Used physical force against you?

19. Have the police been called to your home?                      Yes                      No

20. Do you feel you can express your concerns / position at mediation in front of your spouse / other party?

Yes                      No

If no, please explain:

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21. Please date and sign:

Date: \_\_\_\_\_

Signature \_\_\_\_\_