

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: _____

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

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

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

If yes, please explain:

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

If yes, please explain:

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

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

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

Yes No

If no, please explain:

22. Please date and sign: Date: _____ Signature _____