

CLIENT INFORMATION

Full Legal Name: _____ Nickname: _____

Current Street Address: _____

Town/City: _____ Zip Code: _____

Home Phone: _____ Cell Phone _____

E-mail: _____ Is it OK to email you? Yes ___ No ___

Maiden Name (if any): _____ Soc. Sec. #: _____

Date of Birth: _____ Place of Birth: _____

Highest Level of Completed Education: *(Please provide year completed for each):*

H.S./GED: _____ Associates: _____ Bachelors: _____ Graduate School: _____

Date of Current Marriage: _____ Where married (City, State): _____

Was the marriage ceremony: Civil ___ Religious ___

Children from present marriage: (Please list oldest to youngest)

<u>Full Name:</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Grade:</u>
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Children not from present marriage: (Please list oldest to youngest)

<u>Full Name:</u>	<u>Date of Birth</u>	<u>Parent?: (You/Spouse/Other)</u>	<u>Grade:</u>
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Do any of the children receive special education or have special medical needs? *(Please continue on back)*

What best describes your children's knowledge of your marital situation?

- | | |
|---|--|
| _____ They know nothing | _____ They know that we are separating |
| _____ They know that something is happening | _____ They know that we are getting divorced |
| _____ They think we are trying to work things out | |

Do you anticipate a dispute about custody of the children? Yes _____ No _____ Possibly _____

SEPARATION/DIVORCE

Who initiated the idea of separation or divorce? Self: _____ Partner: _____

What was the other person's reaction? _____

Are you presently living with your spouse? Yes _____ No _____

If no, when did you separate? _____

If not living together, who initiated? Self: _____ Partner: _____ Mutual: _____

Whose idea was it to start Divorce Mediation? Self: _____ Partner: _____ Mutual: _____

What best describes your current situation (*Please check all that apply*):

_____ I don't know what I want

_____ I want to reconcile & stay married

_____ I want a trial separation

_____ I want a legal separation, but not sure I want to divorce

_____ I want a legal separation followed by a divorce

_____ I want a divorce as quickly as possible

Is there: 1) Order of Protection or Restraining Order? _____

2) Police File? _____

3) CPS File? _____

Indicate below the names and approximate date of last contact you had with:

Any marriage counselor or therapist who both you and partner saw:

Any individual therapist who you have seen or presently see:

Any attorney who you consulted about separation or divorce:

EMPLOYMENT INFORMATION

Your occupation _____ Job Title _____

Name of Employer _____ Self-Employed: Yes _____ No _____

Work Address _____

How long at present job? _____ Gross Annual Salary \$ _____

Other regular income \$ _____ Source(s) _____

Does your employer provide? Medical Insurance _____ Life Insurance _____ Auto _____

Pension _____ Savings Plan _____ Stock Rights _____ 401(k) Plan _____ Other _____

PROPERTY & DEBTS

Do you own any of the following: (Check all that apply)

Primary Residence: _____ Vacation Home: _____ Boats: _____ Motorcycles: _____ RVs: _____

Campers: _____ ATVs: _____ Snow Mobiles: _____ Antiques: _____ Collectibles: _____

Do you owe money on any of the following: (Check all that apply)

Primary Residence: _____ Vacation Home: _____ Boats: _____ Motorcycles: _____ RVs: _____

Campers: _____ ATVs: _____ Snow Mobiles: _____ Antiques: _____ Collectibles: _____

<u>List Vehicles (year/make/model):</u>	<u>Approximate Loan Payoff:</u>	<u>Used By:</u>
_____		Self ___ Spouse ___ Other ___
_____		Self ___ Spouse ___ Other ___
_____		Self ___ Spouse ___ Other ___

Bank Accounts: (Please continue on back of page, if needed)

Checking Accounts: How Many? _____ Savings Accounts: How Many? _____ Money Markets: _____

List All: Type (C/S/MM): Financial Institution: Acct # (Last Four Digits only):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Investments: (Please check all that apply)

Individual Stocks: _____ Bonds: _____ Mutual Funds: _____ Real Estate: _____

Retirement Accounts: IRA _____ 401(k)/403(b) _____ 457: _____ SEP: _____

Others: _____

List Major Debts: (Please do not include mortgage debts)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

HEALTH INSURANCE

Name of Plan _____ Your ID # _____

Coverage is provided by: Your employer _____ Spouse’s employer _____ Self Insured _____

Does insurance also cover your children? _____

PRIOR MARRIAGES

List below any prior marriages and indicate if there are any children, their ages, and who they live with.

Please describe any financial arrangements between you and your former spouse:

PRESENT SITUATION

Please provide a brief history of your current marriage/relationship:

What are the issues you want to discuss in mediation?

Issue:

Why is this issue important to you?

- a. _____
- b. _____
- c. _____

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

Indicate the reasons that best explain why you are separating: *(Please check all that apply)*.

_____ Physical Abuse _____ Verbal Abuse _____ Bullying _____ Emotional abuse _____ Drugs/alcohol

_____ Mental illness _____ Great deal of conflict _____ Infidelity _____ Controlling _____ Incompatibility

_____ Poor Communication _____ Grown apart _____ Other Reason *(please state)*: _____

Do you have any disabilities you would like us to know about? _____

