

MEDIATION INTAKE SHEET

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

If you are already divorced and are seeking a modification of your divorce decree (for instance, a change of custody, increase or decrease in support), all references to "spouse" mean your **former** spouse, not the person to whom you may now be married

If you are not married, all references to "spouse" mean to the other parent, not the person to whom you may now be married.

DATE THIS FORM COMPLETED: _____

MARRIAGE

DATE OF MARRIAGE: _____ NUMBER OF YEARS MARRIED: _____

PLACE OF MARRIAGE (City, County, State): _____

DATE OF SEPARATION: _____, 20_____

NUMBER OF THIS MARRIAGE:

Husband: _____ How prior marriage Ended: _____ Date Ended: _____

Wife: _____ How prior marriage Ended: _____ Date Ended: _____

WIFE

NAME: _____
Last Name First Middle

HOME ADDRESS: _____

Zip Code County

MAILING ADDRESS: _____

Zip Code County

TELEPHONE: _____
Home Work Cell

EMAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____ STATE: _____

DATE OF BIRTH: _____ SSN: _____

PLACE OF BIRTH: _____

MAIDEN NAME: _____ FORMER LEGAL NAME/S: _____

RESTORE FORMER NAME? : _____

EDUCATION (Highest Grade): _____

EMPLOYMENT: Name: _____

Address: _____

MONTHLY EARNINGS: GROSS(before taxes): _____ NET: _____

OTHER SOURCES OF INCOME: _____

HUSBAND

NAME: _____
Last Name First Middle

HOME ADDRESS: _____

_____ Zip Code County

MAILING ADDRESS: _____

_____ Zip Code County

TELEPHONE: _____
Home Work Cell

DRIVER'S LICENSE NO: _____ STATE: _____

EMPLOYMENT: Name: _____

Address: _____

MONTHLY EARNINGS: GROSS(before taxes): _____ NET: _____

OTHER SOURCES OF INCOME: _____

DATE OF BIRTH: _____ SSN: _____

PLACE OF BIRTH: _____

FORMER LEGAL NAME/S: _____

RACE: _____ EDUCATION (Highest Grade): _____

CHILDREN

Children from *This* Marriage/Relationship

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

CHILDREN LIVING WITH: _____

CHILD SUPPORT PAID: _____ CURRENT? _____

COST OF CHILD CARE: _____

ADDRESSES WHERE CHILDREN HAVE LIVED FOR PAST **FIVE YEARS**, WITH WHOM AND THE DATE RANGE AT THAT ADDRESS AND THE CURRENT ADDRESS OF THE ADULTS:

Children from *Prior* Marriage/Relationship:

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

NAME: _____ DOB: _____ AGE: _____ SS#: _____

CHILDREN LIVING WITH: _____

CHILD SUPPORT PAID: _____ CURRENT? _____

COST OF CHILD CARE: _____