

## **Client Information**

Name	Maiden Name (if any)						
Home Address							
Phone: Home	W	Work					
Date of Birth	Place: City		County		State		
E-mail			Soc. Sec.				
Education: H.S	Years of College	BA	Graduate So	chool (type)			
Marriage: Date	City	County	State	Civil	Religious		
Full Name		Soc. Sec.	# Scho	<u>ool</u>	<u>Grade</u>		
	t what address have the						
Do any of the chil	dren have special educa	ation or spec	cial medical ne	eds?			
What best describe	es your children's know	vledge of yo	our marital situ	ation?			
	they know noth	ing					
	they know that	something i	s happening				
	they know that	we are sepa	rating				
	they think we a	re trying to	work things ou	ıt			
	they know that	we are defii	nitely getting d	ivorced			

Do you anticipate a dispute about custody of the children? Yes No Possibly							
Who initiated the idea of separation or divorce? Self Spouse/Partner							
What was the non-initiator's reaction?							
Are you living with your spouse/partner? If no, date of separation							
Who is living in the marital home?							
If not living together, who initiated? Self Spouse/Partner Mutual							
Whose idea to start divorce mediation? Self Spouse/Partner Mutual							
Who referred you to the Center?							
What best describes your current situation:							
I don't know what I want							
I want to reconcile & stay married							
I want a trial separation							
I want a legal separation							
I want a legal separation followed by a divorce							
I want a divorce as quickly as possible							
Indicate below the names and approximate date of the last contact you had with:							
A marriage counselor or therapist who both you and spouse/partner saw:							
An individual therapist who you have seen or presently see:							
An attorney who you consulted about separation or divorce:							

Your occi	upation			Job Title			
Name of 1	Employer <sub>-</sub>						
Work Ade	dress						
How long	at present	job?	Previous jo	obs held			
Gross sala	ary \$	per	Oth	er regular income	e \$		
Does you	r employer	provide: Med	ical Insurance	Dental	_ FSA Plan (pre-tax)_		
Life Insur	ance	Pension	401K	_ Savings Plan	Stock Options		
Car	Other						
Health In	surance:						
ID#		Provide	er	Adn	ninistrator		
Administr	rator's Add	lress					
Do you o	wn any of	the following:					
House/Co-op/Condo Second Home Boat Collectibles							
Business (describe)							
Ca	ars (describ	pe)					
Ва	ank Accou	nts: Checking		Sa	vings		
In	vestments:	Stocks	Bonds	_ Mutual Funds	Other		
Pr	ivate retire	ement: IRA	Keough	Other			
Please list	t any majo	r debts:					
Household finances have been previously handled by:							
Self	_ Spous	e/Partner	Mutual _				

List below any prior marriages (and whether they ended in death, divorce or annulment) 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.
Are there any other facts or circumstances that are relevant to your seeking mediation at this time?
(THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH THE
OTHER PARTY)