



PRE-DECREE MEDIATION INTAKE

Note: This information you provide here is protected as confidential information. Please fill out the information to the best of your ability so that your mediator may help serve you better.

Name: _____ Date: _____

Birth/Maiden Name: _____ Date of Birth: _____

Age: _____ Gender: _____

Mailing Address: _____

Home Phone: _____ OK to leave message at this number?

Mobile Phone: _____ OK to leave message at this number?

Work Phone: _____ OK to leave message at this number?

Email: _____ OK to email you? _____

Best Place/Time to Contact? _____

Emergency Contact (EC) Name: _____

EC Relationship: _____ EC Phone: _____

Current Occupational Status (FT/PT/Self Employed/Student): _____

Current Employer: _____ Since: _____

Position Title: _____ Annual Salary: _____

Work Address: _____

Attorney Name: _____ Phone: _____

Name of Firm: _____

Address: _____

Email: _____

Other Pertinent Information: _____

***How did you hear about us?** _____

CHILDREN OF THIS MARRIAGE OR RELATIONSHIP

NAME	GENDER	DATE OF BIRTH	LIVING WITH

RELATIONSHIP HISTORY

DATE & PLACE OF MARRIAGE: _____

CITY: _____ COUNTY: _____ STATE: _____

ARE YOU CURRENTLY LIVING TOGETHER? YES NO

If not living together, give date of separation: _____

Comments about living situation: _____

HAVE YOU EVER USED MEDIATION FOR THIS OR ANY OTHER RELATIONSHIP BEFORE?

YES NO

(If YES, please provide the following information):

Mediator's Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

How would you describe your past experience with mediation services?

CHILD SUPPORT STATUS

IS CHILD SUPPORT BEING PAID? YES NO

WHO IS PAYING? _____ HOW IS PAYMENT MADE? _____

AMOUNT _____ HOW OFTEN? _____

OTHER INFORMATION/ISSUES
