MEDIATION SERVICES INFORMATION FORM

PLEASE COMPLETE THIS INFORMATION FORM. YOUR RESPONSES WILL NOT BE SHARED WITH THE OTHER PARTIES.

PLEASE PRINT CLEARLY

1. Indicate if either of the following are CONFIDENTIAL:	Address	Home Phone	
Your name	Date	of Birth	
Mailing address: (Street or P.O. Box)	Home telephone number		
City State Zip Code	Work or cell telephone number		
Name of other parent and attorney	Name & telephone number of		
3. May we share information and agreements with your attorney	? No	Yes	
4. What type of legal action is this? Custody/Parenting time	Other	·	
5. Is mediation court ordered? No Yes 6. Do you have a court date scheduled? No	Yes, when?		
7. Name and birth dates of minor child(ren) in this case are:	Land 1		
Name Date of Birth	Name Date of Birth		
Name Date of Birth	Name	Date of Birth	
3. With whom are the child(ren) living?		and the second	
). Who has legal custody of the child(ren)?			
0. Has Children's Services been involved with the family No	Yes Yes		
1. Parents were: Married, Date of marriage Date of sepa	e Date of separation Date of Divorce		
Never married, Paternity Established by: Affidavit	Court	Child support Other	
2. Is there a Civil Protection Order or Temporary Protection Order currently in effect? No Yes, issued by? Case number			

Please indicate in which of the following time frames the abuse occurred: Dating Living together Separated 14. On a scale of 1 to 10, do you feel safe being in a room with the other parent and a mediator? I feel safe Sometimes Nol I do not feel safe 1	Signature	Date
Yes		
Yes		
Yes	g and the same of	
Yes	15. How do you	feel about mediating in your situation?
Yes		
Yes No Are you psychologically intimidated by the other party? Yes No Are you currently afraid the other party will physically harm you? Yes No Are you afraid of the other party for any other reason? Yes No Does the other party have a drug or alcohol problem? Yes No Has the other party ever threatened to hurt you in any way? Yes No Has the other party ever been denied or threatened to deny you access to your children? Yes No Do you have any serious concerns about your child(ren)'s emotional or physical safety? Yes No Are you able to express your opinions and concerns in front of the other party in a mediation session? Yes No Have you experienced any of the following types of abuse from the other party involved in this case? Verbal Abuse Emotional Abuse Physical Abuse Sexual Abuse Sexual Abuse Please indicate in which of the following time frames the abuse occurred:		
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	Yes No	Are you currently affaid the other party will physically harm you?
Yes No Do you fear being in the same room with the other party during mediation?	Yes No	Are you psychologically intimidated by the other party?
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