

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 _____

2. _____
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?

Divorce

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:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

8. With whom are the child(ren) living? _____

9. Who has legal custody of the child(ren)? _____

10. Has Children's Services been involved with the family? No

Yes

11. Parents were:

Married, Date of marriage _____ Date of separation _____ Date of Divorce _____

Never married, Paternity Established by: Affidavit Court Child support Other

12. Is there a Civil Protection Order or Temporary Protection Order currently in effect?

No Yes, issued by ?

Case number _____

