

MEDIATION CLIENT INFORMATION-COURT ORDERED

Date: _____ **Next Court Date:** _____

Name: _____ **Birth Date:** _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____

County: _____

Cell Phone: _____ **Home Phone:** _____ **E-mail**:** _____

Preferred Contact Method: E-mail Cell Phone Home Phone Work Phone

Social Security #: _____ **State of Birth:** _____

Drivers License #: _____ **State Issued:** _____

Employer: _____ **Work Address:** _____

Occupation: _____ **Work Phone:** _____

Gross Earnings: _____ **per month** **Net Earnings:** _____ **per month**

Education: _____ **Degree:** _____

Maiden Name (if applicable): _____

Attorney Name: _____ **Email:** _____

MARRIAGE INFORMATION

Date of Marriage: _____ **Number of Years Married:** _____

Married in: **City:** _____ **State:** _____ **County:** _____

Date of Separation (Last resided as husband & wife): _____

Children:

	<i>Name</i>	<i>Birth date</i>	<i>Age</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Are you currently paying support for the children?

No _____ Yes _____ \$ _____ Frequency _____

Are you currently paying support to a former spouse?

No _____ Yes _____ \$ _____ Frequency _____

Other than your children and/or spouse, are there any other people living with you?

No _____ Yes _____ If yes, please list their name(s) and relationship(s) to you:

Name of Spouse/Person involved in this proceeding: _____

Does your spouse/ex-spouse have an Attorney? Yes _____ No _____

If yes: Name: _____ Phone Number: _____

Do you have an interest in reconciliation? Yes _____ No _____

Does your spouse? Yes _____ No _____

Are you presently seeing a counselor or therapist?

Yes _____ Individual _____ Joint _____ Family _____ No _____

Do you anticipate a dispute about custody of the children? Yes _____ No _____

Do you anticipate a dispute about parenting time of the children? Yes _____ No _____

Any Previous Marriages:

	<i>Name</i>	<i>Duration</i>	<i>Ended By</i>	<i>Children</i>	<i>Age</i>	<i>Resides with</i>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Have you previously been involved in mediation?

No _____ Yes _____ Name: _____ Phone: _____

Is there a Guardian Ad Litem or Child Representative appointed for the children?

No _____ Yes _____ Name: _____ Phone: _____

Other relevant information:

**You may receive periodic updates and newsletters from *The Law Office of Brigid A. Duffield, P.C.* by email, which can be unsubscribed to at any time without affecting client correspondence.

CONFIDENTIAL QUESTIONNAIRE
(Required by Court Order)

	<i>Yes</i>	<i>No</i>
1) Do You have any concerns about the child(ren)'s emotional and/or physical safety with the other party?	_____	_____
2) Do you have any other concerns about your own emotional and/or physical safety with the other person?	_____	_____
3) Has the Illinois Department of Children and Family Services been involved with the family regarding allegations of abuse and/or neglect to the children?	_____	_____
4) Have you ever feared that you would not have access to your child(ren)?	_____	_____
5) Has your spouse ever threatened to deny you access to your child(ren)?	_____	_____
6) Do you have any questions or concerns about your child(ren) speaking with the Mediator?	_____	_____
7) Do you have any concerns about the children's emotional or physical safety with you or the other parent?	_____	_____
8) Has there ever been medical treatment or hospitalization for psychiatric disorders in the immediate family?	_____	_____
9) Has your spouse ever threatened to hurt you in any way?	_____	_____
10) Are you fearful of your spouse for any reason?	_____	_____
11) Has your spouse ever hit you or used any other type of physical force towards you?	_____	_____
12) Are you currently afraid your spouse will physically harm you?	_____	_____
13) Has there ever been any physical confrontation between you and the other person?	_____	_____
14) Have you ever called the police or sought help for yourself as a result of abuse by your spouse?	_____	_____
15) Are you now, or have there previously been, Orders of Protection? If yes, expiration date_____.	_____	_____
16) Are you in any way afraid to meet with the Mediator and the other parent in the same room?	_____	_____

	<i>Yes</i>	<i>No</i>
17) Do you believe you would be able to communicate with your spouse on an equal basis in mediation session?	_____	_____
18) Are there Historical or Current Problems Concerning the following:		
A. Alcohol Abuse	_____	_____
B. Drug Abuse	_____	_____
C. Physical Abuse	_____	_____
D. Child Abuse	_____	_____
E. Sexual Abuse	_____	_____
F. Mental/Emotional Abuse	_____	_____
G. Previous Therapy	_____	_____
H. Criminal Record	_____	_____
I. D. U. I.	_____	_____
J. Orders of Protection	_____	_____
K. D. C. F. S. Complaints	_____	_____
L. Domestic Violence	_____	_____
M. Legal Problems	_____	_____
N. Bankruptcy	_____	_____
19) Do you have any concerns regarding the use of alcohol and/or drugs in the immediate family?	_____	_____
20) Are you an alcoholic or recovering alcoholic?	_____	_____
21) Have you ever been to a hospital or institution on account of drinking?	_____	_____
22) Do you have any fear about answering these questions?	_____	_____
If yes, briefly state why_____		

23) Is there, or has there been in the past, alternate living arrangements for your children or either parent?	_____	_____
If yes, what were they and why_____		

24) Are you involved in other court-referred programs or services?	_____	_____
25) Are there other pending proceedings in other courts (e.g. Juvenile or Criminal)?	_____	_____
If yes, please describe_____		

26) Do you or your spouse own any firearms or weapons?	_____	_____
27) Are you a member of a cult?	_____	_____
28) Have the police been called to your home?	_____	_____