

**MEDIATION CLIENT INFORMATION-PRIVATE MEDIATION**

**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: \_\_\_\_\_

Who referred you to mediation? \_\_\_\_\_

***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:***

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

***Have you previously been involved in mediation?***

No \_\_\_\_\_ Yes \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Is there a Child Representative appointed for the children?***

No \_\_\_\_\_ Yes \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Is there a Guardian Ad Litem 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.