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Client information form

Important note: Each partner should fill one out if you are seeking a mediated divorce or want to discuss using me as your mediator. For the sake of impartiality, if there is any consideration of me in the mediator role, I can only meet with you as a couple to initiate our interaction. Only if you want me to represent one partner in either a mediated or a collaborative divorce can I meet with you individually at the beginning of your divorce.

Please fill this out to the best of your ability and bring it to our first meeting.

Name	Maiden Name (if any)				
Home Address					
Phone: Home	Work	۲	_Cell		
Date of Birth	Place: City	County	State	9	
E-mail		Soc. Sec.	#		
Education: H.S	_ Years of College	BA Graduate Sch	nool (type)		
Marriage: Date	City Co	ounty State	_ Civil Religiou	IS	
Children from prese	ent marriage and stepchild	dren living in household	:		
Full Name	d.o.b.	Soc. Sec. #	School	Grade	
With whom and at v	vhat address have the ch	ildren lived for the last f	ive years?		
Do any of the childr	en have special educatio	n or special medical ne	eds?		
What best describe	s your children's knowled	ge of your marital situal	lion?		
they know noth	ing 🔲 they know that s	something is happening	they know tha	t we are separating	
they think we as	re trying to work things ou	ut 🔲 they know that	we are definitely getti	ng divorced	



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Do you anticipate a dispute about custody of the children? Yes No Possibly
Who initiated the idea of separation or divorce? Self Spouse/Partner
What was the non-initiator's reaction?
Are you living with your spouse/partner? If no, date of separation
Who is living in the marital home?
If not living together, who initiated? Self Spouse/Partner Mutual
Whose idea to start divorce mediation? Self Spouse/Partner Mutual
Who referred you to me?
What best describes your current situation:
I don't know what I want
I want to reconcile & stay married
I want a trial separation
I want a legal separation
I want a legal separation followed by a divorce
I want a divorce as quickly as possible
Indicate below the names and approximate date of the last contact you had with:
A marriage counselor or therapist who both you and spouse/partner saw:

An individual therapist who you have seen or presently see:

An attorney who you consulted about separation or divorce:



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Your occupation Job Title					
Name of Employer					
Work Address					
How long at present job? Previous jobs held					
Gross salary \$ per Other regular income \$					
Does your employer provide: Medical Insurance Dental FSA Plan (pre-tax)					
Life Insurance Pension401K Savings Plan Stock Options					
Car Other					
Health Insurance:					
ID# Provider Administrator					
Administrator's Address					
Do you own any of the following:					
House/Co-op/Condo Second Home Boat Collectibles					
Business (describe)					
Cars (describe)					
Bank Accounts: Checking Savings					
Investments: Stocks Bonds Mutual Funds Other					
Private retirement: IRA Keough Other					
Please list any major debts:					
Household finances have been previously handled by: Self Spouse/Partner Mut	ual				



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List below any prior marriages (and whether they ended in death, divorce or annulment) and indicate if there are any children, their ages, and who they live with.

Please describe any financial arrangements between you and your former spouse.

Are there any other facts or circumstances that are relevant to your seeking a mediated or a collaborative process divorce at this time?