

MEDIATION SERVICES INFORMATION FORM

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

PLEASE PRINT CLEARLY

1. Indicate if either of the following are CONFIDENTIAL:  Address  Home phone

Your name

Social Security number

Mailing address: (Street or P.O. Box)

Home telephone number

City State Zip Code

Work or cell telephone number

2. Name of other parent

Telephone number of other parent

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 Birth Date

Name Birth Date

Name Birth Date

Name Birth Date

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? \_\_\_\_\_

