

Mediation Client Information

Name _____ Today's Date _____

Address _____ Home phone _____

Work phone _____ Fax _____

E-mail _____ Referred by _____

Age _____ Date of birth _____ Marital status _____

Occupation/Employer _____ How long at current job? _____

Work days and hours _____

When did you and the other parent begin living together? _____ Date/s of separation/s: _____

Were/Are you and the other parent married to each other? _____ If yes, date of marriage _____

Are you divorced from each other _____ If yes, when? _____

If you are/have not been married to each other, has parentage of your child/ren been legally established? _____

If Yes, which County? _____

Have you been married to anyone other than the other parent? [] Yes [] No Date/s: _____

Current Spouse/Significant Other: _____ His/Her Date of Birth: _____

Are you currently living with this person? _____ If yes, since when? _____

Please list all of your children:

Name	Part of <i>This Case?</i>	Birth Date	Sex	Lives With	Dates (from – to)	School & City
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other adults & children in your home	Sex	Birth Date	Relationship to you	School & City (if child)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a court hearing scheduled? _____ If yes, when? _____ Case # _____

What issues are scheduled to be heard? _____

Are you represented by an attorney? _____ If yes, Attorney's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____

What do you hope to resolve in mediation? _____

Do you have any particular concerns or fears with regard to mediation? _____

Have you ever participated in mediation before? _____ If yes, when? _____
Who was the mediator? _____ What was the result? _____

What are the current, court-ordered, legal custody and/or parental care arrangements? _____

What are the parenting strengths of the other parent? _____

What are things you would like the other parent to improve in her/his parenting? _____

Describe any behavioral or emotional difficulties your child/ren is/are experiencing at home or at school

Describe how have you and the other parent have worked together to meet you child's/children's needs?

Has anyone in the family ever been in psychotherapy (Individual/Group/Couple/Marital/Family)? _____
If yes, who and when? _____ Who was/were the therapist/s and what was/were the focus/es of
treatment/s? _____

Has anyone in the family ever been hospitalized for mental or emotional reasons? _____
If yes, who, when, where, and for how long? _____
Reason/s for hospitalization/s? _____

Name of treating therapist/s, addresses, telephone numbers _____

[NOTE: Before any previous mediator, therapist, or other health care provider can be contacted, an authorization for release of confidential information would be necessary.]

Have there ever been any allegations of child sexual or physical abuse or child neglect? _____

If yes, briefly describe _____

Were Children’s Protective Services or the police contacted regarding these allegations? _____

If yes, was there an investigation? _____ When? _____ Where? _____

What was the result of the investigation? _____

Have you ever been arrested or convicted of a crime? _____ If Yes: When? _____ Crime: _____

Any other arrests or convictions? _____ If yes, when and what charge/s: _____

Has the other parent ever been arrested or convicted of a crime? _____ If Yes: When? _____ Crime: _____

Any other arrests or convictions? _____ If yes, when and what charge/s: _____

Do you have a history of problems with alcohol and/or other drugs? _____ Any current problem? _____

What substance/s? _____

DUI/s? _____ If yes, date/s _____ Treatment/AA/NA? _____ If yes, date/s _____

Does the other parent have a history of drug and/or alcohol problems? _____ Any current problem? _____

What substance/s? _____

DUIs? _____ If yes, date/s _____ Treatment/AA/NA? _____ If yes, date/s _____

Is there a history of violence by either parent toward the other? _____ If yes, briefly describe: _____

Has either parent ever filed for a restraining order? _____ If yes, when? _____

Who is/was the Protected Party? _____ When does/did the restraining order expire? _____

Are you worried the other parent will harm you? _____ Harm your child/ren? _____

If yes or not sure, briefly explain: _____

Are you concerned about meeting with the other parent in the same room during mediation? _____

If yes or not sure, briefly explain: _____

Are you willing to meet with the other parent for mediation? _____

Do you want a separate mediation session because of domestic violence concerns? _____

Do you want a support person with you during mediation because of domestic violence concerns? _____

Print Your Name _____

Signature _____