Mediation Intake Questionnaire

1. Your Information:

Name (including Maiden):

Address:

Contact Telephone Number:

Email:

Date of Birth: Social Security Number:

Employer Name, Address and Phone:

Attorney’s Name, Address and Phone:

1. **Your Children:**
2. Child One:

Name:

Date of Birth: Social Security Number:

1. Child Two:

Name:

Date of Birth: Social Security Number:

1. Child Three:

Name:

Date of Birth: Social Security Number:

1. Child Four:

Name:

Date of Birth: Social Security Number:

1. **General Information**:
2. Date and place of marriage:
3. Date and place you last lived together:
4. No. of marriages for this marriage for you:
5. Do you own property together? Y or N
6. Do you own property individually? Y or N
7. Does your spouse own property individually? Y or N
8. Do you have any retirement, investment and/or pensions? Y or N
9. Does your spouse have any retirement, investment and/or pensions? Y or N
10. Do you have a life insurance policy? Is it Whole or Term?
11. Who covers health insurance for the children?
12. Who is responsible for dental and vision insurance for the children?
13. Are there any debts? Type and approximate amounts owed:
14. What are the issues in dispute and why?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_