



File No: _____

FAMILY LAW MEDIATION
INITIAL INTAKE INFORMATION

(Please Print)

Your Name: _____ Date of Birth _____

Maiden Name: _____ To Be Resumed After Divorce? ___ Yes ___ No

Present Address: Street: _____

Town/City: _____

State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Future Address: Street: _____

Town/City: _____

State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Social Security No.: _____

Employer: _____ Job Title: _____

Children:

Name	Date of Birth	Age	Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Initial Intake Info – Pg, 2 Continued

How long have you been married or living together? _____

Date of marriage: _____ Number of marriage? _____

If married, where were you married (town and state): _____

County you last lived in together: _____

Are you separated?: _____ If "yes", date of separation: _____

Do you have an Attorney? _____ If "yes", name: _____

Attorney's Address: _____

_____ Attorney's Tel. No: _____

Is there a restraining order now in effect? ___ Yes ___ No

Which of you wants the separation or divorce? ___ Husband ___ Wife ___ Both

Referred By: _____