**Confidential Client Information Form**

The following information is requested in order to familiarize me with your case. Like all information in your case, your answers to the following questions are completely confidential and will not be shared with your spouse. Please complete this form as thoroughly as possible. Feel free to contact me if you have any questions or need clarification. Also, if you have any previously filed documents or written agreements in this case, please bring a copy with you to your first meeting.

**Your Contact Information**

Full Name:

Home Address:

Home Phone: Cell Phone:

Other Phone: Email Address:

Best way to reach you? Best time:

**Attorney Information**

Have you consulted with an attorney regarding the subject of this mediation?

 \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_Retained \_\_\_\_\_ Consult Only

Attorney name (if any):

How did you hear about Hall Mediation Services?

**Background Information**

Date of Birth: Current Age:

Health Conditions:

Primary Employer:

How long with this employer? Position/Title:

Gross Monthly Income: After Tax income:

Secondary Employer or Contract Work:

How long with this employer? Position/Title:

Gross Monthly Income: After Tax income:

Do You Receive Child Support: [ ] yes [ ] no Alimony: [ ] yes [ ] no

Do You Pay Child Support: [ ] yes [ ] no Alimony: [ ] yes [ ] no

Days/Hours usually worked:

Best Times for Meetings:

**Information Regarding the Other Party in this Mediation**

Full Name:

Home Address:

**Marital Information**

Date of marriage: Place of Marriage:

Are you currently living together? [ ] yes [ ] no

If you are separated, when did the separation take place?

Is this a legal separation? [ ] yes [ ] no

Have divorce papers been filed? [ ] yes [ ] no

 If yes, Date: County: Court Case #:

Do you consider your relationship to be: [ ] High Conflict [ ] Average Conflict [ ] Low Conflict

Do you have any fears about meeting with you partner in mediation? [ ] yes [ ] no

 Please Describe:

Is there any history of Domestic Violence? [ ] yes [ ] no

 How Recent?

 Please Describe:

Is there currently a restraining order limiting contact between the two of you? [ ] yes [ ] no

 Has there been a restraining order in the past? [ ] yes [ ] no

**Children** – Please list all children who live with you, and your children that live with someone else.

Name: Age: DOB: Gender:

Relationship to you: [ ] Birth Child [ ] Adopted [ ]Step Child

Is this child a subject of this mediation: [ ] yes [ ] no

Who is this child living with?

Name of the Child’s other parent:

How often does this child see the other parent?

What are the current visitation arrangements?

Name: Age: DOB: Gender:

Relationship to you: [ ] Birth Child [ ] Adopted [ ] Step Child

Is this child a subject of this mediation: [ ] yes [ ] no

Who is this child living with?

Name of the Child’s other parent:

How often does this child see the other parent?

What are the current visitation arrangements?

Name: Age: DOB: Gender:

Relationship to you: [ ] Birth Child [ ] Adopted [ ] Step Child

Is this child a subject of this mediation: [ ] yes [ ] no

Who is this child living with?

Name of the Child’s other parent:

How often does this child see the other parent?

What are the current visitation arrangements?

Name: Age: DOB: Gender:

Relationship to you: [ ] Birth Child [ ] Adopted [ ] Step Child

Is this child a subject of this mediation: [ ] yes [ ] no

Who is this child living with?

Name of the Child’s other parent:

How often does this child see the other parent?

What are the current visitation arrangements?

(Please use additional space as needed)

**Issues to be Discussed in Mediation**

Current Relationship Issues: [ ] yes [ ] no

Divorce/Dissolution: [ ] yes [ ] no

Separation/Reconciliation: [ ] yes [ ] no

Parenting Plan: [ ] yes [ ] no

Child Support: [ ] yes [ ] no

Property Settlement: [ ] yes [ ] no

Other:

**Additional Information**

What goals do you hope to achieve through mediation?

List any concerns you have about mediating this issue:

Is there any additional information you would like me to be aware of?

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_