**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 EX. 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:** |  |
| **Other Phone:** |  |
| **Best way to reach you?** |  |
| **Cell Phone:** |  |
| **Email Address:**  |  |
| **Best time:** |  |

**Attorney Information:**

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

   

Attorney name (if any): 

How did you hear about Hall Mediation Services? 

**Background Information:**

Date of Dissolution: 

Date of Last PP Modification: 

Do You Receive Child Support?

  

Do You Pay Child Support?

  

Amount: 

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

Full Name: 

Home Address: 

Do you consider your relationship to be:

   

Do you have any fears about meeting with your Ex in mediation?

  

Please Describe:

**Children** – Please list all children who are involved in this Mediation.

Name:  Age: 

DOB: Gender: 

Name:  Age: 

DOB: Gender: 

Name:  Age: 

DOB: Gender: 

Name:  Age: 

DOB: Gender: 

How often do the children see the other parent? 

What are the current parenting arrangements? 

**Siblings** – Please list all siblings of children who are involved in this Mediation who live in your home.

Name:  Age: 

DOB: Gender: 

Name:  Age: 

DOB: Gender: 

Name:  Age: 

DOB: Gender: 

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_