## **Personal Information for Mediation**

1.	Name					Phone:						
	Home Address											
2.	Other Party's Name					Phone:						
	Home Address											
3.	What is the case number and the county where any action is pending?											
	Case #			Coun	ty							
4.	Date of Marriage (if married)		D	Date of Separation//								
5.	Children of Current Marriage	Relations	ship?									
	Full Name	Date of Bi	rth	Residing With								
	<del></del>											
6.	Do you anticipate a dispute al	oout custo	dy of childre	en?	Yes	No						
7.	Do you have any court dates pending? When?											
	Is this a modification of a prior	r court orde	r?	Yes	No							
8.	Do you have an interest in red	conciliation	1?		Yes	No						
	As far as you know, does you	r spouse /	other party	?	Yes	No						
9.	Are you presently seeing a co	unselor or	therapist?		Yes	No						
	If Yes, Indivi	dual	Jo	int	Family	Children						
10.	Have you previously seen a counselor or therapist?				Yes	No						
	If Yes, Indivi	dual	Jo	int	Family	Children						
11.	Are you employed?	Yes	No	)								
	If Yes,Employer			Phone								
	Address_											
	Job Title	N	lature of Jo	b								
	Date Hired Current Salary Wage \$											
12.	Is your spouse / other party en	mployed?	Ye	es	No							
	If Yes,Employer			F	Phone							
	Address											
	Job Title	N	lature of Jo	b								
	Date Hired		Current Sa	alary /Wage	\$		_					
13. Do	you presently have an attorney	/?	Yes	No								
	If Yes, Name			_ Address								
	City / ZIP		FAX:									

Fax: 563-864-7416

Email: info@charleskellylaw.com

If Yes, Name		Add	ress					
City / ZIP		FAX:		Phone:				
Is there anything you w family?	ould like me to know	v about your situa	ation? Abo	ut you? About	the other party? About			
Are there any "no contact orders" in place between you and your spouse / other party?  Yes No If yes, please explain:								
Do you feel afraid or th			/ for any re	eason?				
Yes No	ir yes, piea	se explain:						
Has your spouse / othe		Threatened	•	Used physi	cal force against you?			
Have the police been c	•		No		/ th			
Do you feel you can ex			uiation in fr	ont of your spe	ouse / otner party?			
Yes No	If no, please explai	II.						
Please date and sign:	Date:							
,			_					
	Signature							