

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_

Date of entry of Order of Referral to Mediation: \_\_\_\_\_

Name of mediator: \_\_\_\_\_ Phone number: \_\_\_\_\_

**INSTRUCTIONS: Please complete the Confidential Client Intake Form for Mediation and present to the mediator. Submission of this completed form constitutes a confidential communication. For an explanation of a confidential communication, refer to the attached Domestic Relations Mediation Information Sheet.**

**CONFIDENTIAL CLIENT INTAKE FORM FOR MEDIATION**

Your name: \_\_\_\_\_ Age: \_\_\_\_\_

Your relationship to the child(ren): \_\_\_\_\_

Your address: \_\_\_\_\_  
Street Unit/Apt. # City/State Zip Code

Who else resides with you at this address: \_\_\_\_\_

Contact telephone: ( ) \_\_\_\_\_ Other Contact telephone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Attorney Contact Information (if applicable):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marriage/Civil Union date (if applicable): \_\_\_\_\_ City, State: \_\_\_\_\_

Names and ages of children born to or adopted by the parties:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have children from another relationship? If so, please list their names and ages:

\_\_\_\_\_

Your employer: \_\_\_\_\_  
Name Address Telephone

Your occupation: \_\_\_\_\_ No. of years employed: \_\_\_\_\_

Level of education completed/highest degree received: \_\_\_\_\_

Are you comfortable speaking English? \_\_\_\_\_ Reading English? \_\_\_\_\_ Writing English? \_\_\_\_\_

If not, what is your primary language? \_\_\_\_\_

Please state the issues that remain unresolved between you and your spouse/partner:

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