

MEDIATION LAW OFFICES OF CHANDRA NELSON-ROBAK

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MEDIATION INTAKE FORM

I. Name: _____ Date: _____
Last First Initial

**[IT IS IMPERATIVE THAT YOU FILL IN YOUR COMPLETE LEGAL NAME
AS IT APPEARS ON YOUR DRIVER'S LICENSE, SOCIAL SECURITY
CARD, AND/OR INCOME TAX RETURNS]**

Date of Birth: _____ Age: _____ Sex: _____ M _____ F

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Driver's License Number: _____ State of Issue: _____

Continuous residence in California since: _____

Have you ever filed for Bankruptcy? _____ If so, date filed: _____

Are either you or your spouse currently serving in the military? _____

Education: (Check highest level you have attained)

(1) _____ High School (2) _____ Junior/Community College (AA/AS)

(3) _____ College Degree (BA/BS)

(4) _____ Completed Master/Doctoral/Professional Degree

Specify Degree: _____ Date Obtained: _____

Employment Status: (1) _____ Full time (35 hours/week or more)

(2) _____ Part time (_____ hours/week)

(3) _____ Not Employed

Employer: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employed at above job since: _____ SSN# _____

Annual Gross Salary : \$ _____ Monthly Gross Salary: \$ _____

Monthly Net Income: \$ _____

Other Income (amount per year): \$ _____

II. Spouse's Full Name: _____

[IT IS IMPERATIVE THAT YOU PROVIDE SPOUSE'S COMPLETE LEGAL NAME AS IT APPEARS ON HIS/HER DRIVER'S LICENSE, SOCIAL SECURITY CARD, AND/OR INCOME TAX RETURNS]

Date of Birth: _____ Age: _____ Sex: ___M___F

Address (if different from above: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Driver's License Number: _____ State of Issue: _____

Education: (Check highest level SPOUSE attained)

(1) ___ High School (2) ___ Junior/Community College (AA/AS)

(3) ___ College Degree (BA/BS)

(4) ___ Completed Master/Doctoral/Professional Degree

Specify Degree: _____ Date Obtained: _____

Employment Status: (1) ___ Full time (35 hours/week or more)

(2) ___ Part time (___ hours/week)

(3) ___ Not Employed

Employer: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employed at above job since: _____ SSN# _____

Annual Gross Salary: \$ _____ Monthly Gross Salary: \$ _____

Monthly Net Income: \$ _____

Other Income (amount per year): \$ _____

III. Date of Marriage: _____ Place Married: _____
City State Country

Date of Separation: _____ (this date requested in 2 places of form)

Children of this marriage:

<u>Full Name</u>	<u>Date and Place of Birth</u>	(Age)	<u>Living With</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Five (5) year Residential History for Each Child: (Please attach additional pages if more space required for this information.)

	<u>Address</u>	<u>City and State</u>	<u>How Long</u>
Child 1:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Child 2:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Child 3: _____

Are there any significant health problems with the children?

No ___ Yes _____

If you have minor children of this marriage, please describe the specific patterns of visits or shared parenting:

Have you been previously married? Yes _____ No _____

If yes, name of ex-spouse _____

Number of years married: _____ Date of divorce: _____

Children of previous marriage:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Living With</u>
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IV. Are you now separated? No _____ Yes _____ Date _____

Has divorce petition been filed? No _____ Yes _____ Date _____

Filed by: _____ Husband _____ Wife

Consulted or retained an attorney? No _____ Yes _____

If yes, your attorney's Name: _____

Address: _____

Have there been any court proceedings? No _____ Yes _____

Are there Temporary Orders in effect? No _____ Yes _____

If yes, which ones? _____ Child Support _____ Spousal Support

_____ Custody / Visitation _____ Property _____ Restraining Order

V. In the last 12 months, has there been physical violence between you and your spouse?

No _____ Yes _____

If yes, approximately how many incidents? _____

If separated, has there been physical violence between you since separation?

No _____ Yes _____

VI. Are you interested in reconciliation with your spouse at this time?

_____ Not at all interested

_____ Possibly interested

_____ Very interested

In the past year have you been in:

_____ Individual psychotherapy? _____ Marriage counseling?

With whom?

Please describe any significant health problems you have:

Who referred you to Mediation Law Offices?

_____ Self referred _____ Lawyer (Name: _____)

_____ Friend _____ Psychotherapist (Name: _____)

_____ Spouse _____ Other (Specify: _____)

THANK YOU!