

Client Information

Name _____ Maiden Name (if any) _____

Home Address _____

Phone: Home _____ Work _____ Cell _____

Date of Birth _____ Place: City _____ County _____ State _____

E-mail _____ Soc. Sec. # _____

Education: H.S. _____ Years of College _____ BA _____ Graduate School (type) _____

Marriage: Date _____ City _____ County _____ State _____ Civil _____ Religious _____

Children from present marriage and stepchildren living in household:
Full Name _____ d.o.b. _____ Soc. Sec. # _____ School _____ Grade _____

With whom and at what address have the children lived for the last five years?

Do any of the children have special education or special medical needs?

What best describes your children's knowledge of your marital situation?

- _____ they know nothing
_____ they know that something is happening
_____ they know that we are separating
_____ they think we are trying to work things out
_____ they know that we are definitely getting divorced

Do you anticipate a dispute about custody of the children? Yes _____ No _____ Possibly _____

Who initiated the idea of separation or divorce? Self _____ Spouse/Partner _____

What was the non-initiator's reaction? _____

Are you living with your spouse/partner? _____ If no, date of separation _____

Who is living in the marital home? _____

If not living together, who initiated? Self _____ Spouse/Partner _____ Mutual _____

Whose idea to start divorce mediation? Self _____ Spouse/Partner _____ Mutual _____

Who referred you to the Center? _____

What best describes your current situation:

- _____ I don't know what I want
_____ I want to reconcile & stay married
_____ I want a trial separation
_____ I want a legal separation
_____ I want a legal separation followed by a divorce
_____ I want a divorce as quickly as possible

Indicate below the names and approximate date of the last contact you had with:

A marriage counselor or therapist who both you and spouse/partner saw:

An individual therapist who you have seen or presently see:

An attorney who you consulted about separation or divorce:

Your occupation _____ Job Title _____

Name of Employer _____

Work Address _____

How long at present job? _____ Previous jobs held _____

Gross salary \$ _____ per _____ Other regular income \$ _____

Does your employer provide: Medical Insurance _____ Dental _____ FSA Plan (pre-tax) _____

Life Insurance _____ Pension _____ 401K _____ Savings Plan _____ Stock Options _____

Car _____ Other _____

Health Insurance:

ID# _____ Provider _____ Administrator _____

Administrator's Address _____

Do you own any of the following:

House/Co-op/Condo _____ Second Home _____ Boat _____ Collectibles _____

Business (describe) _____

Cars (describe) _____

Bank Accounts: Checking _____ Savings _____

Investments: Stocks _____ Bonds _____ Mutual Funds _____ Other _____

Private retirement: IRA _____ Keough _____ Other _____

