

Roalfs Law & Mediation LLC

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MEDIATION INTAKE FORM

PLEASE CIRCLE ONE: **MOTHER** **FATHER** **GUARDIAN**

YOUR INFORMATION

Full Legal Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Future (new) address: _____

City: _____ State: _____ Zip Code: _____ County: _____

S.S. #: _____ D.O.B.: _____ Age: _____

E-mail: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Attorney's Name: _____ Phone #: _____

Are you Married/Remarried? (Please Circle) YES NO

If so, New Spouse's Name: _____

Are you Living with Anyone? (Please Circle) YES NO

If so, Please List: _____

Place of Birth: _____ Length of time a Resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

Closest Relative Name and Relationship: _____

Closest Relative Address: _____

Your health: _____ Physician's Name: _____

Under treatment for: _____

Emergency Contact Name/Number/Relationship: _____

CHILDREN'S INFORMATION

Full Name Date of Birth Age Social Security Number

With Whom Does Each Child Live? _____

Addresses for Each Child: _____

Physical or emotional disabilities of child(ren): _____

What Schools are the Children Attending, if any? _____

What is the Name, Address and Phone Number of the Daycare Provider(s), if any? _____

Are any of the Children seeing a Therapist/Counselor/Psychologist/Psychiatrist? YES NO

If so, Please List the Name and Phone Number: _____

Please list the addresses that the children have resided in, with whom, and the dates the children resided at each location for the previous five (5) years:

<u>Address</u>	<u>With</u>	<u>When</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER PARENT'S INFORMATION

Full Legal Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

S.S. #: _____ D.O.B.: _____ Age: _____

E-mail: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____

Attorney's Name: _____ Phone #: _____

Is he/she Remarried? (Please Circle) YES NO

If so, New Spouse's Name: _____

Is he/she Living with Anyone? (Please Circle) YES NO

If so, Please List: _____

Place of Birth: _____ Length of time a Resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

Future (new) address: _____

His/Her Health: _____

Under treatment for: _____

SUMMARY OF ISSUES

Please Briefly State the Reason that you are Here: _____

Please Briefly State your Goals and/or Desired Outcome: _____