iation

Client Intake Form

Please fill out this questionnaire. It is important that you answer each question fully because your mediator will use this information to prepare your case and your answers are protected by confidentiality and are protected by the mediator-client privilege. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". Your response to these questions will help to organize your case and allow our firm to better work with you.

NOTICE OF CONFIDENTIALITY THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES. ______Client Signature_____Date

Today's Date	_//				MEDIATO)R				
CLIENT INFORM	MATION									
Client's Last Name	ient's Last Name First		Middle		Mr. 🗆 N		Marital Stat	us (Circle	one)	
				u i	Mr. 🗆 N	/IS.	Single / Married / Other			
Is this your legal	If not, what is	s your legal name?	(Former Name)			Birth [Date	Age	Sex	
name?						,	,			
Yes No					<u> </u>	1	/		ШM	ΠF
Street Address	City	Province	Postal Code	8	Social Secu	irity	Home Pho	ne No.		
	0						()			
P.O. Box	City		Provinc	е	Pos	tal	Cell Phone	e No.		
							()			
Occupation	Em	ployer/Address					Work Phor	ne No.		
							()			
Referred to Provider by	(Please check	c one box & list)	Dr				Lawyer		🛛 We	bsite
□ Family □ Friend	Close 1	to Home/Work	Google	3	Other					
Email Address:					Alternative	Email A	ddress:			
	LIENT INF	ORMATION	Middle				Marital Sta	atus (Circl	e One)	
Client's Last Name	LIENTINF	First	Middle		Mr. 🗖	Ms.	Marital Sta	•		
Client's Last Name		First			Mr. 🛛		Single / N	Aarried /	Other	
			Middle (Former Name)		Mr. 🗖			•		
Client's Last Name		First			Mr. 🗖		Single / M Date	Married / Age	Other	D F
Client's Last Name Is this your legal name?		First			Mr. 🗖 Social Sec	Birth	Single / M Date	Married / Age	Other Sex	• F
Client's Last Name Is this your legal name? Yes No	If not, what is	First s your legal name?	(Former Name)			Birth	Single / M Date	Married / Age	Other Sex	• F
Client's Last Name Is this your legal name? Yes No	If not, what is	First s your legal name? Province	(Former Name)			Birth /	Single / M Date	Age Age one No.	Other Sex	• F
Client's Last Name Is this your legal name? Yes No Street Address	If not, what is City	First s your legal name? Province	(Former Name) Postal Code		Social Sec	Birth /	Single / M Date / Home Photo ()	Age Age one No.	Other Sex	• F
Client's Last Name Is this your legal name? Yes No Street Address	If not, what is City	First s your legal name? Province	(Former Name) Postal Code		Social Sec	Birth /	Single / M Date / Home Photo ()	Aarried / Age one No. e No.	Other Sex	□ F
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Mediation

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IN CASE OF EMERGE	NCY					
Name of Local Friend or Relative	(not living at same address)	Relationship to Clie	ent	Home Ph	one No.	Work Phone No.
Will this person be attending Orie	entation with you Dyes Dno					
Will this person be attending Orie	entation with you □yes □no					
DOCUMENT CONTAC	т					
How you would like to receive	communications?	How often?	R	Once a	Month	When there is change
C EMAILO LETTER MAIL OTEL	EPHONE PICK UP @ Office	Once a Week		🛛 2-3 tim	es a week	Doesn't matter
Where do you wish to receive	communications if MAIL?					
HOME WORK Other :						
DOCUMENT RELEAS	3					
Who has access to your inform	nation			DEMAIL		
Family Member				QLETTER	R MAIL	
	Therapist					
How often should we commun	icate with this person:	When there is ch	nange			
Once a Month		Doesn't matter				
2-3 times a week		Doesn't matter				
RELEASE OF INFORM	NATION CONTACT INF	ORMATION				
Last Name	First	Middle			Cell Phone	e No.
					()	
Street Address Cit	y Province Po	ostal Code P	O Box		Home Pho	ne No.
					()	
EMAIL:	If representation/Therapist/Cour	t:			Phone No.	
	Alternate Email: Name:				()	
Relationship		Dr			Lawyer	Website
□ Family □ Friend □ Co	o-Worker 📮 The	erapist 🗌	Other			

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(Fill out Part Two if you're mediating FAMILY LAW, if any area is not applicable, strike it out, add additional pages for more children and or information)

BACKGROUND OF RELATIONSHIP Matrimonial Home Address: Date of Address Date of Purchase Date of Purchase Derive and Purchase Who is currently residing in the home: Date of Co-Habitation Date of Marriage Date of Separation Pace of Marriage Do you plan to sell Date of Co-Habitation Date of Marriage Date of Separation Place of Marriage Street Address Pastor/ Officiant Have you started Divorce Proceedings: Uves No P.O. Box City Province Postal Court File No. Court File No. Representation Firm Address: Firm No.() Firm No.() Province Court File No. Representation Firm Address: Firm Address: Firm No.() Province Court File No. Representation Firm Address: Firm Address: Firm No.() Province Court Address Indee of Dabuse-Province Dot of Communicate Court Appointed Communicate Court Appointed Communicate Court Appointed Communicate I. In general, how would you describe your relationship? a tot fileship? o tot fileship? o tot fileship? o tot fileship? 2.	PART TWO:								
Who is currently residing in the home: Client 1 Client 2 Both Image: Common 2.5. Who is currently residing in the home: Client 1 Client 2 Both Image: Common 2.5. Do you plan to sell Date of Co-Habitation Date of Marriage Place of Separation Marriage Yes No I I Image: Common 2.5. Pastor: Official Have you started Divorce Yes No Image: Client 1 Image: Client 2.5. Pastor: Official Have you started Divorce Postor: Official Have you started Divorce Province Postor: Official Have you started Divorce P.O. Box City Province Postor: Official Have you started Divorce Firm No. () I'res No Firm Address: Firm No. () Firm No. () Firm No. () I'res No Firm Address: Firm Modie Firm No. () Firm Email: Abuse-Enonical D Differences Financial Drugi/Mcohol Court Appointed Communicate Court Appointed Communicate Currently Torough Failly Members/Thirld Party Often Immunicate Immunicate Court Appointed Communicate	BACKGROUND OF	RELATION	ISHIP						
Do you plan to sell Date of Co-Habitation Date of Marriage Date of Separation Place of Marriage Street Address /	Matrimonial Home Address:					e /	□Joint Tenants		
Yes No /		Data of Oa Ulableation Data of Manifester						Place of	
Street Address Pastor/ Officiant Have you started Divorce Proceedings: UYes No P.O. Box City Province Postal Court Location: Court Lile No. Representation Firm Address: Firm No.() Firm No.() PYes No Firm No.() Firm No.() Reason for Breakdown of Marriage Abuse-Physical Firm No.() Firm Email: Inreconcilable Differences Enantial Dong Communicate Firm Tough Family Member/Sthird Party Inreconcilable Differences Enail Dong Communicate not theorematicate Court Appointed Communication I. In general, how would you describe your relationship? I ald of tension I some tension I no tension no tension 2. Do you and your partner work out arguments with: great difficulty I some difficulty I no difficulty 3. Do arguments ever result in you feeling down or bad about yourself? often I sometimes I never 4. Do arguments ever result in hitting, kicking or pushing? often I sometimes I never 5. Do you ever feel fightened by what your partner says or does? often I sometimes I never 8. Has your partner ever abused you physicall? often I sometimes I never 9. Has your partner ever abused you scalall? often I sometimes I never 9.								Marriage	
P.O. Box City Province Postal Curt Location: Court File No. Representation Firm Address: Film No.(/ /	/			
P.O. Box City Province Postal Court Location: Court Locatio: Court Location: Court Location: Court Location: Court	Street Address				Pasto	or/ Officiant	Proceedin	gs:	
Representation Firm Address: Firm No.() IVes No Firm No.() Reason for Breakdown of Marriage Abuse-Physical Firm Email: Induces-Encoded Diffeeting Other Firm No.() Intreconcilable Differences Financial Drugs/Alcohol How do you Telephone Email Don't Communicate currently Text Through Family Members/Third Party communicate Court Appointed Communication no tension 1. In general, how would you describe your relationship? a lot of tension some difficulty no tension 2. Do you and your partner work out arguments with: great difficulty some tension no tension 3. Do arguments ever result in you feeling down or bad about yourself? often sometimes never 4. Do arguments ever result in hitting, kicking or pushing? often sometimes never 5. Do you ever feel frightened by what your partner says or does? often sometimes never 8. Has your partner ever abused you emotionally? often sometimes never 8. Has your partner ever abused you sexually? often sometimes never	P.O. Box		City	Province	e	Postal			
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Reason for Breakdown of Marriage Abuse-Physical Intréletity Other	Representation		Firm Address:				Firm No.()	
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Mental Health Professional Sexual Assault Response Coordinator (SARC) or Victim Advocate Legal Assistance or Other Attorney									
 Sexual Assault Response Coordinator (SARC) or Victim Advocate Legal Assistance or Other Attorney 									
Legal Assistance or Other Attorney			RC) or Victim Advocate						

Mediation Mb





CHILD INFORMATION										
Child Last Name	I	Middle	living wit	ving with		Child's biological parents:				
						Dad		□(mom)		
In the converse helder	March what 's second	hilde to not	Email of Contact					A = =	_(dad)	
Is this your child's legal name?	If not, what is your on name?	child's legal	Email of Contact	Person:		Birth D	Jate	Age	Sex	
□ Yes □ No						1	1		ωм	ΠF
Street Address	City	Province	Postal Code	Socia	I Secu	rity	Home Pho	ne No.		
					-		()			
P.O. Box	City		Provinc	е	P	ostal	Cell Phone	e No.		
							()			
School:	School Ad	dress					School Ph	one No.		
							()			
Who can receive inform	Nho can receive information regarding the child:						Lawyer		🗆 Mo	other
□ Father □ Court	Teacher/School	ol 🛛	Therapist	Ot Ot	her					
Is there any previous cu	ustody arrangements:	1								
□Yes □No										
Details:			A			1.1				
			\							
CHILD INFORMATION						-				
CHILD INFORMATION										
Child Lost Name		- Li - ·	Middle	livina wit	h		Child's biol	ogical par		
Child Last Name	Med		Middle	living wit		Dad		ogical par	_(mom)	
	/viec		DITE	D Mom		- 1			_(mom) _(dad)	
Child Last Name Is this your child's legal name?	If not, what is your of name?		Middle Email of Contact	D Mom		Dad Birth D		ogical par	_(mom)	
Is this your child's	If not, what is your of		DITE	D Mom		- 1			_(mom) _(dad)	□ F
Is this your child's legal name?	If not, what is your of		DITE	Person:		Birth D		Age	_(mom) _(dad) Sex	□ F
Is this your child's legal name? Yes No Street Address	If not, what is your on name?	child's legal	Email of Contact	Person:	30	Birth D	Date / Home Pho ()	Age ne No.	_(mom) _(dad) Sex	□ F
Is this your child's legal name? Yes INo	If not, what is your on name?	child's legal	Email of Contact	Person: Socia	I Secu	Birth D	Date	Age ne No.	_(mom) _(dad) Sex	□ F
Is this your child's legal name? Yes No Street Address	If not, what is your of name?	child's legal	Email of Contact Postal Code	Person: Socia	I Secu	Birth D	Date / Home Pho ()	Age ne No.	_(mom) _(dad) Sex	□ F
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Is this your child's legal name? Yes No Street Address P.O. Box	If not, what is your of name? City City School Ad	dress	Email of Contact Postal Code	Person: Socia	I Secu	Birth C	Date / Home Pho () Cell Phone () School Ph	Age ne No.	_(mom) _(dad) Sex	
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Mediation Support Payments Do you or your (ex-) spouse have any other children from another relationship for whom a duty support is owed? Yes No Other If yes: Please give the full name, date and place of birth, sex, and SSN of each such child: *add pages for more children Name: ____ Sex: _____ Date of birth: _____ Age: SSN: Place of birth: Whom is the child residing with: Name: Sex: Date of birth: _ Age: ____ SSN: Place of birth: Whom is the child residing with: Do you pay/ receive child support? If so, how much? \$ _____ per ____ Does your spouse or ex- spouse pay/ receive child support? If so, how much? \$ ______ per _____ If a divorce is granted, should the wife's maiden name be restored? Tes INO If yes, what is the Full Name that should be used? If the parent-child relationship is established, should the child(ren) last name be changed? If yes, what is the Full Name that should be used? What are the parenting arrangements for such children of another marriage? Do they have a relationship with the children of the marriage, if any? U yes Uno If yes: do you want the relationship to continue after the divorce ves on the ves of the vertex of t Are there any previously executed custody arrangements? Yes on the second secon If yes: what are they? If no: are there any verbal agreement? Has there been any child support paid to date by any party? U yes Uno Has there been any spousal support paid to date by any party? U yes Uno OTHER List any life insurance policies, health and medical benefit plans, company benefits that you have. Please list any issues that you feel may be contentious and why.

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Have you and your spouse or children ever been involved in a court case? If so, please provide details?

Are there any written or verbal agreements dealing with any matter in this case (e.g., prenuptial agreement, marriage contract, cohabitation agreement, separation agreement)?

Are you presently in a new relationship with anyone? Please provide details.

Is there any other information about your case/relationship that we should have? Are there any other parties that need to be addressed before mediation?