

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

NOTICE OF WAIVER OF CONFLICT YOU HEREBY AGREE THAT, BY MEETING WITH A MEMBER OF KIMLY LAW FIRM P.L.L.C. TO CONDUCT A CONSULTATION OF THE FACTS OF YOUR CASE, SHOULD YOU NOT RETAIN OUR FIRM, NO ATTORNEY CLIENT RELATIONSHIP HAS BEEN ESTABLISHED. WITHOUT THIS RELATIONSHIP, KIMLY LAW FIRM IS NOT CONFLICTED FROM REPRESENTING ANOTHER PERSON IN THE SAME LEGAL MATTER OR SOME OTHER LEGAL MATTER WHICH MAY BE ADVERSE TO YOUR INTERESTS. _____ Client Signature _____ Date

PART ONE

Today's Date ____/____/____ MEDIATOR _____

CLIENT INFORMATION

Client's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Marital Status (Circle One) Single / Married / Other	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former Name)		Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	Province	Postal Code	Social Security - -	Home Phone No. ()	
P.O. Box		City	Province	Postal	Cell Phone No. ()		
Occupation		Employer/Address				Work Phone No. ()	
Referred to Provider by (Please check one box & list)				<input type="checkbox"/> Dr	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Website	
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Close to Home/Work		<input type="checkbox"/> Google	
				<input type="checkbox"/> Other			
Email Address:					Alternative Email Address:		

ALTERNATE CLIENT INFORMATION

Client's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Marital Status (Circle One) Single / Married / Other	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former Name)		Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	Province	Postal Code	Social Security - -	Home Phone No. ()	
P.O. Box		City	Province	Postal	Cell Phone No. ()		
Occupation		Employer/Address				Work Phone No. ()	
Referred to Provider by (Please check one box & list)				<input type="checkbox"/> Dr	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Website	
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Close to Home/Work		<input type="checkbox"/> Google	
				<input type="checkbox"/> Other			
Email Address:					Alternative Email Address:		

Mediation Plus Inc.

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.
Will this person be attending Orientation with you <input type="checkbox"/> yes <input type="checkbox"/> no			
Will this person be attending Orientation with you <input type="checkbox"/> yes <input type="checkbox"/> no			

DOCUMENT CONTACT

How you would like to receive communications?	How often?	<input type="checkbox"/> Once a Month	<input type="checkbox"/> When there is change
<input type="checkbox"/> EMAIL <input type="checkbox"/> LETTER MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> PICK UP @ Office	<input type="checkbox"/> Once a Week	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> Doesn't matter
Where do you wish to receive communications if MAIL?			
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> Other :			

DOCUMENT RELEASE

Who has access to your information	<input type="checkbox"/> PICKUP	<input type="checkbox"/> EMAIL	
<input type="checkbox"/> Family Member _____ <input type="checkbox"/> Court _____		<input type="checkbox"/> LETTER MAIL	
<input type="checkbox"/> Lawyer _____ <input type="checkbox"/> Therapist _____			
How often should we communicate with this person:	<input type="checkbox"/> When there is change		
<input type="checkbox"/> Once a Month	<input type="checkbox"/> Doesn't matter		
<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> Doesn't matter		

RELEASE OF INFORMATION CONTACT INFORMATION

Last Name	First	Middle		Cell Phone No. ()
Street Address	City	Province	Postal Code	Home Phone No. ()
PO Box				
EMAIL:	If representation/Therapist/Court:			Phone No. ()
	Alternate Email: Name:			
Relationship	<input type="checkbox"/> Dr _____		<input type="checkbox"/> Lawyer	<input type="checkbox"/> Website
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker	<input type="checkbox"/> Therapist		<input type="checkbox"/> 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)

PART TWO:					
BACKGROUND OF RELATIONSHIP					
Matrimonial Home Address:			Date of Purchase / /	How do you hold title <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common %	
Who is currently residing in the home: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both					
Do you plan to sell <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Co-Habitation / /	Date of Marriage / /	Date of Separation / /	Place of Marriage	
Street Address			Pastor/ Officiant	Have you started Divorce Proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
P.O. Box	City	Province	Postal	Court Location: Court File No.	
Representation <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm Address:			Firm No. ()	
Reason for Breakdown of Marriage <input type="checkbox"/> Abuse-Physical <input type="checkbox"/> Abuse-Emotional <input type="checkbox"/> Abuse-Verbal <input type="checkbox"/> Infidelity <input type="checkbox"/> Other _____ <input type="checkbox"/> Irreconcilable Differences <input type="checkbox"/> Financial <input type="checkbox"/> Drugs/Alcohol			Firm Email:		
How do you currently communicate <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Don't Communicate <input type="checkbox"/> Text <input type="checkbox"/> Through Family Members/Third Party <input type="checkbox"/> Court Appointed Communication					
1. In general, how would you describe your relationship? <input type="checkbox"/> a lot of tension <input type="checkbox"/> some tension <input type="checkbox"/> no tension					
2. Do you and your partner work out arguments with: <input type="checkbox"/> great difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> no difficulty					
3. Do arguments ever result in you feeling down or bad about yourself? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
4. Do arguments ever result in hitting, kicking or pushing? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
5. Do you ever feel frightened by what your partner says or does? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
6. Has your partner ever abused you physically? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
7. Has your partner ever abused you emotionally? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
8. Has your partner ever abused you sexually? <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> never					
<i>(If you answered yes to any of questions 5-8 you will require another screening)</i>					
Please check the box for any of the following that you have spoken with regarding this matter:					
<input type="checkbox"/> Law Enforcement Investigators <input type="checkbox"/> Trial Counsel / Prosecutor <input type="checkbox"/> Medical Personnel <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Sexual Assault Response Coordinator (SARC) or Victim Advocate <input type="checkbox"/> Legal Assistance or Other Attorney <input type="checkbox"/> Other (Briefly explain)					

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CHILD INFORMATION						
Child Last Name		First	Middle	living with <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Child's biological parents: <input type="checkbox"/> _____ (mom) <input type="checkbox"/> _____ (dad)	
Is this your child's legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your child's legal name?		Email of Contact Person:	Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	Province	Postal Code	Social Security - -	Home Phone No. ()
P.O. Box		City	Province	Postal	Cell Phone No. ()	
School:		School Address			School Phone No. ()	
Who can receive information regarding the child:				<input type="checkbox"/> Dr _____	<input type="checkbox"/> Lawyer _____	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Court	<input type="checkbox"/> Teacher/School _____	<input type="checkbox"/> Therapist	<input type="checkbox"/> Other _____		
Is there any previous custody arrangements: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:						

CHILD INFORMATION						
Child Last Name		First	Middle	living with <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Child's biological parents: <input type="checkbox"/> _____ (mom) <input type="checkbox"/> _____ (dad)	
Is this your child's legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your child's legal name?		Email of Contact Person:	Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	Province	Postal Code	Social Security - -	Home Phone No. ()
P.O. Box		City	Province	Postal	Cell Phone No. ()	
School:		School Address			School Phone No. ()	
Who can receive information regarding the child:				<input type="checkbox"/> Dr _____	<input type="checkbox"/> Lawyer _____	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Court	<input type="checkbox"/> Teacher/School _____	<input type="checkbox"/> Therapist	<input type="checkbox"/> Other _____		
Is there any previous custody arrangements: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:						

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: _____

Place of birth: _____ SSN: _____

Whom is the child residing with: _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ SSN: _____

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? Yes No

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? yes no

If yes: do you want the relationship to continue after the divorce yes no

Are there any previously executed custody arrangements? Yes no

If yes: what are they? If no: are there any verbal agreement?

Has there been any child support paid to date by any party? yes no

Has there been any spousal support paid to date by any party? yes no

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?
