

CHRISTINE L. CRILLEY
ATTORNEY AT LAW & MEDIATOR

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Personal Data and Information for Mediation

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AS REQUIRED UNDER IOWA LAW

1. Name _____ Phone: _____
Last First Middle Initial

Work
 Cell
 Home

Home Address _____
Street City State ZIP

Email Address _____

2. Other Party's Name _____ Phone: _____
Last First Middle Initial

Work
 Cell
 Home

Home Address _____
Street City State ZIP

3. What is the case number and the county where any action is pending?
Case # _____ County _____

4. Date of Marriage (if married) _____ / _____ / _____ Date of Separation _____ / _____ / _____

5. Children of Current Marriage / Relationship and Otherwise:
Full Name Age Date of Birth Residing With

6. Do you anticipate a dispute about custody of children? Yes No

7. Do you have any court dates pending? _____ When? _____

Is this a modification of a prior decree or court order? Yes No

8. Do you have an interest in reconciliation? Yes No

As far as you know, does your spouse / other party? Yes No

9. Are you presently seeing a counselor or therapist? Yes No Prefer Not To Answer

If Yes, Individual Joint Family Children

10. Have you previously seen a counselor or therapist? Yes No Prefer Not To Answer

If Yes, Individual Joint Family Children

11. Are you employed? Yes No

If Yes, Employer _____ Phone _____

Address _____

Job Title _____ Nature of Job _____

Date Hired _____ Current Salary /Wage \$ _____

12. Is your spouse / other party employed? Yes No

If Yes, Employer _____ Phone _____

Address _____

Job Title _____ Nature of Job _____

Date Hired _____ / _____ / _____ Current Salary / Wage \$ _____

13. Do you presently have an attorney? Yes No
If Yes, Name _____ Address _____
City/ ZIP _____ FAX: _____ Phone: _____

14. Does your spouse / other party presently have an attorney? Yes No
If Yes, Name _____ Address _____
City/ ZIP _____ FAX: _____ Phone: _____

15. Is there anything you would like me to know about your situation; about you?; about the other party?; about your family?

16. Are there any "no contact orders" in place between you and your spouse / other party? Yes No
If yes, please explain: _____

17. Do you feel afraid or threatened by your spouse / other party for any reason? Yes No
If yes, please explain: _____

18. Has your spouse / other party... Hit you? Threatened you? Used physical force against you?

19. Have the police been called to your home? Yes No

20. Do you feel you can express your concerns / position at mediation in front of your spouse / other party?

Yes No

If no, please explain: _____

21. Please date and sign: Date: _____ Signature _____

PROMPTLY RETURN TO: Crilley Mediation & Law Center, 320 Miller Rd, Hiawatha, IA 52233 or E-mail: cmm@CrilleyLaw.com