

Divorce Mediation and Family Counseling Services

NYmediationcenter.com

(516) 946-4988

CLIENT INFORMATION

THIS IS A CONFIDENTIAL FORM AND YOUR INFORMATION WILL NOT BE SHARED

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____ OK to call work? ____ Yes ____ No

E-mail _____ Is it OK to email you? ____ Yes ____ No

Is it OK to email you and the other party using this e-mail? ____ Yes ____ No

Maiden Name (if any) _____ Soc. Sec. # _____

Date of Birth _____ Place of Birth _____

Address _____ City, State, Zip _____

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

Marriage: Date _____ Place (City, State) _____ Civil ____ Religious ____

CHILDREN

Children from present marriage and other children living in household:

Full	Name	Date	of	Birth	School	Grade	Social	Security	Number
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 _____

SEPARATION/DIVORCE

Who initiated the idea of separation or divorce? Self _____ Partner _____ What was the other person's reaction? _____

Are you presently living with your spouse? Yes _____ No _____

If no, when did you separate? _____

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

Whose idea was it to start Divorce Mediation? Self _____ Partner _____ Mutual _____ Who referred you to the Center? _____ What best

describes your current situation (Okay to check more than one):

_____ I want to reconcile & stay married

_____ I don't know what I want

_____ I want a trial separation

_____ I want a legal separation followed by a divorce

_____ I want a divorce as quickly as possible

_____ not clear if I want to get divorced

Is there: 1) Order of Protection or Restraining Order? _____

2) Police File? _____ 3)

CPS File? _____ Indicate

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

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

An individual therapist who you have seen or presently see:

An attorney who you consulted about separation or divorce:

EMPLOYMENT INFORMATION

Your occupation _____ Job Title _____

Name of Employer _____

Work Address _____

How Long at present job? _____ Gross Salary \$ _____ per _____

Other regular income \$ _____ Source _____

Does your employer provide? Medical Insurance _____ Life Insurance _____ Auto _____

Pension_____ Savings Plan_____ Stock Rights_____ 401(k) Plan_____ Other_____

FAMILY FINANCES

Do you own any of the following:

House/Apartment_____ Vacation Home_____ Boat_____ Antiques_____ Collectibles_____

Business (describe)_____

Cars (describe) _____

Bank Accounts: Checking_____ Savings_____

Investments: Stocks_____ Bonds_____ Mutual Funds_____ Other_____

Retirement: IRA_____ 401(k)/403(b)_____

Other_____ Please list any major debts:

Household finances have been previously handled by:

Self_____ Partner_____ Mutual_____

HEALTH INSURANCE

Name of Plan_____ Your ID #_____

Coverage is provided by: Your employer_____ Yourself _____ Partner's employer_____ Partner_____

Does insurance also cover your children? _____

PRIOR MARRIAGES

List below any prior marriages and indicate if there are any children, their ages, and who they live with.

Please describe any financial arrangements between you and your former spouse:

PRESENT SITUATION

Please provide a brief history of your current marriage/relationship:

What are the issues that you want to discuss in mediation?

Issue Why is this important to you?

Do you have any concerns about being in the same room with your partner/ former partner?

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

Indicate the reasons that best explain why you are separating.

☐ Poor Communication ☐ Threats ☐ Emotional abuse ☐ Drugs/alcohol abuse
☐ Incompatibility ☐ Mental illness ☐ Great deal of conflict ☐ Infidelity
☐ Physical abuse /violence ☐ Grown apart

Other

Do you have any disabilities you would like us to know about?

ANYTHING ELSE?

Are there any other facts or circumstances that are relevant to your seeking mediation at this time?
