



MEDIATION

Today's date: _____

How did you hear about our services? _____

MN: _____ ND: _____

BACKGROUND INFORMATION

YOU:

SPOUSE/PARTNER:

Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Mailing Address:		Mailing Address:	
Future Address:		Future Address:	
As of (date):		As of (date):	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Work Phone No:		Work Phone No:	
Hours:		Hours:	
Cell No.		Cell No.	
Email:		Email:	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

Date of present marriage (if applicable): _____

Date of separation (if applicable): _____

Place of marriage (city, county, state, or country): _____

How long have you been a resident of the state? _____

Have you (or your spouse) ever started a divorce or legal separation proceeding before? _____

If so, when? Where? (County, State) What was the outcome? _____

Will you or your spouse be moving out of state in the near future? _____

Are either you or the other party in the US military service? Explain: _____

Do you (or does the other party) have a Will, Trust, and/or any Power of Attorney documents? _____

CHILDREN BORN OR ADOPTED DURING THE MARRIAGE

Child's Full Name	Birthdate	Age	SSN

Who are the children living with? _____

Do any children have special needs? _____

Explain: _____

Are there children from a previous marriage or relationship whose interests may be affected by this action? _____

Explain: _____



Are you or your spouse/partner currently pregnant? _____

If so, who is the biological father? _____

Do the children attend daycare? _____ If so, where? _____

How much are the daycare costs? _____ Who pays? _____

Is custody of the child(ren) contested? _____

If custody is not an issue, please choose from the following arrangements:

- You have sole physical custody
- Other parent has sole physical custody
- Parties have equal/joint physical custody
- You have sole decision making
- Other parent has sole decision making
- Parties have equal/joint decision making

Who will take the child tax exemptions? _____

INCOME INFORMATION

*Attach paycheck stubs (if possible) from the last two pay periods

YOU:		SPOUSE/PARTNER:	
Degree(s) Obtained:		Degree(s) Obtained:	
Occupation:		Occupation:	
Employed by:		Employed by:	
Address:		Address:	
___ Years employed	___ Hours/week	___ Years employed	___ Hours/week
Gross Salary:	\$ _____ per _____	Gross Salary:	\$ _____ per _____
Bonus:		Bonus:	
Net Salary:	\$ _____ per _____	Net Salary:	\$ _____ per _____
Other source or potential source of income?		Other source or potential source of income?	



HEALTH INFORMATION

Do you have insurance available through employment? _____

Does your spouse have insurance available through employment? _____

Who provides health insurance? You Spouse

Through employment? Yes No

Who is covered by health insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

Who provides dental insurance? You Spouse

Through employment? Yes No

Who is covered by dental insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

Who provides vision insurance? You Spouse

Through employment? Yes No

Who is covered by vision insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

What is your general state of health? _____

Are you currently under treatment for anything? If so, what? _____

What is your spouse's general state of health? _____

Is your spouse currently under treatment for anything? If so, what? _____



COUNTY/STATE BENEFITS

Benefits received by you or your spouse/partner:

	AMOUNT:	COUNTY:
Cash Grant (AFDC or MFIP)		
Medical Assistance		
Subsidized or sliding fee child care		
Veterans Administration		
Social Security		
Unemployment Compensation		
Workers' Compensation		
Other, explain: (i.e. food stamps, daycare assistance)		

BUSINESS INTERESTS

Name of Company: _____

Address: _____

Phone: _____ Service or Product: _____

Date Acquired: _____ Position Held: _____

Cost of Investment: _____ Source of Investment: _____

Directors/Officers: _____

Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Additional Information: _____

REAL ESTATE

Home Address: _____

Title held by: You Spouse/Partner Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____



Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

What would you like to do with the property? _____

Address: _____

Title held by: You Spouse/Partner Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

What would you like to do with the property? _____



AUTOMOBILES AND OTHER MOTOR VEHICLES

Year/ Make/ Model	Name(s) on Title	In Possession of	Fair Market Value (KBB Private Party Sale)	Loam Amount	VIN	To Whom

PERSONAL ACCOUNTS

(e.g. checking, savings, certificates, stocks & bonds, safety deposit boxes,
persons that owe you money), etc.

Name(s) on Account	Account Type	Account Number	Bank or Institution	Approx. Value



RETIREMENT ACCOUNTS OR PLANS

(e.g. IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401k, 403b)

Name(s) on Account	Account Type	Account Number	Company	Current Value

PENSION PLANS

(Defined Benefit Plans)

Name(s) on Account	Company	Percent Vested	Date of Full Vesting	Projected Monthly Benefit	Estimated Present Value

Other Employee Benefits

Please list stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your spouse have through employment: _____



LIFE INSURANCE

Policy Holder	Policy Number	Company	Type	Face Value	Beneficiary	Cash Value

OTHER PERSONAL PROPERTY

(e.g. pets, antiques, artwork)

Description	Ownership	Fair Market Value	To Whom



Description	Ownership	Fair Market Value	To Whom

DEBTS: (INSTALLMENT/ROTATING)

Please provide the following information regarding any debts owed by yourself, your spouse/partner, or jointly (**attach a credit report if possible.**)

Creditor	Name(s) on Account	Incurred by Whom	Purpose	Balance	Monthly Payment	To Whom



MISCELLANEOUS

Are you or your spouse the beneficiary of a Will, Trust, or Life Estate? _____

Are you or your spouse beneficiaries under any estate now in probate? _____

Before you married your spouse, did the two of you sign a Prenuptial Agreement (aka, Antenuptial Agreement or “pre-nup”)? _____

If yes, do you have a copy of the agreement? _____

After you married your spouse, did the two of you sign a Postnuptial Agreement? _____

If yes, do you have a copy of the agreement? _____

Do you or your spouse have a safe deposit box? If so, describe contents. _____

Do you or your spouse have any income tax refunds or rebates due? If yes, in what amount? _____

Have you or your spouse received property as a gift or inheritance from a 3rd party? Explain and provide documentation. _____

Did you or your spouse own any property separately, prior to the marriage? Explain and provide documentation. _____

Please use space below for any additional information: _____



MONTHLY BUDGET

Please provide your monthly expenses. Items can be averaged over a year's time.

a.	Residence	
	Rent or mortgage payment	
	Contract for deed payment	
	Real estate taxes	
	Insurance	
b.	Utilities	
	Heat (fuel)	
	Water, sewer, garbage	
	Electricity	
	Gas	
	Telephone (Cell)	
	Cable TV and internet	
c.	Laundry and dry cleaning.	
d.	Home maintenance	
	Housecleaning	
	Household repairs	
	Yard and landscaping expense	
	Snow removal	
e.	Food and other grocery store household items	
f.	Automobile	
	Gas and oil	
	Repairs and maintenance	
	License	
	Insurance	
	Installment payments	
g.	Clothing	



h.	Grooming, cosmetics	
i.	Medical	
	Insurance;	
	Unreimbursed doctor and hospital expense	
	Unreimbursed drug and medical expense	
	Unreimbursed dental and orthodontic expense	
j.	Insurance	
	Life insurance	
	Personal property insurance	
k.	Hobbies, entertainment	
l.	Miscellaneous personal expenses	
	Cigarettes	
	Liquor	
	Newspapers, magazines, books	
	Charitable contributions	
	Club or association dues	
	Vacations	
	Gifts	
	Children's spending allowance	
	Other (describe specific items)	
m.	Educational expenses	
	Tuition, room and board	
	Transportation	
	Books and supplies	
	School lunches	
	School activities	
n.	Babysitting/Daycare	
o.	Debt payments	



p.	Other expense items (describe each item)	
	Total	

