

CLIENT INFORMATION

Name: _____ Date: _____
 Last First MI

Date of Birth: _____ Age: _____ Sex: __M __F State Born: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____

Work Address: _____ Work Phone: _____

E-mail address: _____

Spouse's Full Name: _____ Age: _____

Education: (Check Highest Level You Have Attained)

- _____ Some High School
- _____ Complete High School
- _____ Some College Level Course Work
- _____ Junior/Community College Degree (AA)
- _____ College Degree (e.g., BA/BS) _____
- _____ Date Degree Obtained: _____
- _____ Some Graduate Level Course
- _____ Completed Masters Degree
- _____ Specify Degree: _____
- _____ Completed Doctoral or Professional Degree
- _____ Specify Degree: _____
- _____ Date Degree Obtained: _____

Religion: __ Catholic; __ Protestant; __ Jewish; __ Other; __ None

Continuous Residence in California since: _____

Employment Status: __ Full Time; __ Part Time; __ Not Employed

Employer: _____ Job Title: _____

At Above Job Since: _____ Social Security No: _____

Annual Salary: _____; Net Monthly (take home) Income: _____

List Other Sources of Income: _____

Spouses Employment: _____ Full Time; _____ Part Time; _____ Not Employed

Employer: _____ Annual Salary: _____

Net Monthly Income: _____

MARITAL HISTORY:

Date of Present Marriage: _____ Place Married: _____

Children of this marriage:

Full Name	Date of Birth	Age	Living With:
—			
—			
—			
—			
—			
—			

Are you/your wife now pregnant: ___ Yes ___ No

Any previous marriages: ___ Yes ___ No

If Yes, Full Name of Ex-Spouse(s)	Date of Marriage	Date Divorce
—		
—		
—		

Any children of Prior Marriages: ___ Yes ___ No ___ Not Applicable

Name of Child	Date of Birth	Age	Living With
—			
—			
—			

Which marriage is the subject of this mediation: ___ Current ___ Prior

LEGAL STATUS:

Please answer the following questions regarding legal status for the marriage (or divorce) for which you have come to mediation:

Are you separated from your Spouse : ___ Yes ___ No

If Yes, Date of Separation: _____
Month Day Year

Has a Divorce Petition been filed: ___ Yes ___ No

If yes, Date Filed: _____ Who filed?: ___ Wife ___ Husband
Month/Day/Year

Have you consulted or retained a lawyer regarding this divorce (or post divorce) action:
___ Yes ___ No

If yes, your attorney's: Name _____
Name of Firm _____
Address _____

If you have seen a lawyer, please answer these questions:

Did you pay a retainer? ___ Yes ___ No

What was the amount: _____

How much have you paid in addition to the retainer to date? _____

What is the balance owed? _____

What is your attorney's hourly rate? _____

Are you Paying your Spouse's Legal Fees: ___ Yes ___ No ___ Not Sure

How much have you paid so far? _____

What balance is owed? _____

How Satisfied are You with Your Lawyer's Services to Date:

- _____ Very dissatisfied
- _____ Moderately dissatisfied
- _____ Mostly neutral
- _____ Moderately satisfied
- _____ Very satisfied
- _____ Not applicable - no lawyer

CUSTODY AND VISITATION:

Please answer the following questions if you have minor children of this marriage; otherwise, proceed to next section.

Current Custody Arrangement:

- Children primarily with father
- Children primarily with mother
- Joint custody (actively co-parenting)
- Other, specify: _____
- Not yet separated - custody not decided

When was this instituted?

- At time of separation
- After hearing on temporary orders
- Other, specify: _____
- Not yet separated

Are you interested in reconciliation with your spouse at this time?

- Not at all interested
- Possibly interested
- Very interested

MISCELLANEOUS

Do you have a Will? Yes No

If yes, have you changed it since the decision to divorce? Yes No

Have you altered the form of ownership on any real property, personal or investments?
 Yes No

Are there bank accounts to which you and your spouse have joint access?
 Yes No Not Sure

Do you have credit cards to which you and your spouse continue to have joint access?
 Yes No Not Sure

Who referred you to my office?

- Friend suggested
- Spouse suggested
- Lawyer (Name: _____)
- Psychotherapist or counselor (Name: _____)
- Prior client (Name: _____)
- Accountant (Name: _____)
- Other (Describe): _____