



MEDIATION INTAKE FORM

A. Client Profile

Full Legal Name: _____

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Alternate Contact Number: _____

Ok to leave voicemail? Yes No

E-mail address: _____

Co-Parent's Name: _____

Date and City/State of Marriage (if applicable): _____

Children's names and dates of birth (if applicable):

Emergency Contact Info:

Name: _____ Phone Number: _____

Relationship to You: _____

B. How did you hear about mediation with The Center for Family Resolution?

If referred, name: _____ Phone: _____

May I have your permission to thank this person for the referral? Yes No

C. Religious and Racial/Ethnic identification

Current religious denomination/affiliation: Protestant Catholic Jewish Muslim
 Buddhist Hindu Other (specify): _____

Involvement: None Some/Irregular Active

How important are spiritual concerns in your life?

Ethnicity/National origin: _____ Race: _____

Other important way you would like to identify yourself:

D. Health Concerns

Please list any medical concerns that may pertain to you or the other involved party:

Please list any mental health concerns that may pertain to you or the other involved party:

How do you manage stress? How will the mediator know if you become overwhelmed, exhausted, or are no longer thinking clearly?

E. Participation and Support

Who will participate in the mediation with you?

Who else would you like to attend the mediation sessions to support you? (optional)

Would you like to utilize a process where each party has his or her own coach or advocate (co-resolution)?

Are you currently working with an attorney?

F. Issues to be addressed (please check all that apply):

Communication

Other: _____

Decision-making

Parenting time schedule

Specific details of the parenting plan

Division of personal property

Division of assets and liabilities

Provision of child support

Provision of spousal support

Payment for children's expenses

Children's academics and school environment

Children's health

Children's extra-curricular activities

Specific details of division of finances

New relationships

Living situation/moving

Have you previously used mediation to resolve a dispute? If yes, please explain.

G. Stress / Safety

How do you usually handle disagreements with your co-parent?

Do you ever feel afraid of the other party? Yes No

Has the other party ever threatened or hurt you? Yes No

Do you or the other party have issues with drugs or alcohol? Yes No
If Yes, Please explain:

Have you ever felt in danger of physical harm from the other party? Yes No

Have you ever harmed or thought of harming the other party? Yes No

Have you ever felt out of control with this other party? Yes No

Has this other party ever seemed out of control around you? Yes No

Has the other party ever slapped, pushed, hit, or shoved you? Yes No

Have you ever slapped, pushed, hit, or shoved the other party? Yes No

Are you worried about what might happen if you express yourself openly or disagree with the other party? Yes No