

Family Court Services\Mediation Intake Form

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Parent First Name:		Middle Name:	Last Name:	
Other Parent First name:		Other Parent Middle Name:	Other Parent Last Name:	
Your MAILING Address—NOT PHYSICAL ADDRESS UNLESS IT IS THE SAME				Date:
Your EMAIL:				
Cell Phone:		Home Phone:	Message Phone or Work Phone:	
Date of Birth:	Occupation:		Place of Employment:	
Your Attorney's Name:		Other Attorneys Involved? Please list each Attorney and who hired him/her:		
List all of your minor children involved in this case:				
First Name:	Last Name:	Birthdate:	What School does your child attend?	Other Parent's Name (biological/adoptive parent?):
List all other people who live with you:				
First Name:	Last Name:	Relationship to you:		
Please list all <u>open cases</u> you or someone living with you are involved with: The following are a list of examples:				
<ul style="list-style-type: none"> • Dissolution/Divorce • Petition to Declare Paternity • Domestic Violence/Restraining Orders • Juvenile Delinquency • Request for Guardianship • Family Support Order • Juvenile Dependency 				
Case Type: see above examples	List which family member is involved/or case #:		COURT DATES PENDING:	
Do you have open court cases in another county or state? No Yes list case: _____				
INTERPRETATION REQUESTED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PREVIOUS MEDIATION?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PARENT CHANGING RESIDENCE? Is anyone planning to move out of County?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CHILD CUSTODY EVALUATION? Have you ever participated in a child custody evaluation before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CUSTODY and VISITATION REQUESTS:				
PHYSICAL CUSTODY: (Where your child primarily resides)	<input type="checkbox"/>	Should be shared	<input type="checkbox"/>	Should be sole to one parent
LEGAL CUSTODY: (Making decisions about health, education, welfare)	<input type="checkbox"/>	Should be shared	<input type="checkbox"/>	Should be sole to one parent
DO YOU HAVE ANY DISABILITY THAT WE SHOULD BE AWARE OF? _____				