

# Old Pueblo

## Mediation Services

### INTAKE FORM

*(Please complete as accurately as possible and please print.)*

Date : \_\_\_\_\_ Referred by \_\_\_\_\_

**Your Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phones: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (mobile) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attorney's name: \_\_\_\_\_

**Other Party's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phones: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (mobile) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attorney's name: \_\_\_\_\_

**Date of Marriage** (if applicable): \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Separation or Dissolution Date** (if applicable) \_\_\_\_\_

#### **Children of the Marriage or Relationship:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

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### Confidential Personal Information-please email separate

*Your responses to this portion of the questionnaire will not be shared with other parties to the mediation. However, the issue of violence may be discussed in order to make a determination about whether to proceed with mediation. If you have any questions or concerns about this questionnaire, or wish to receive information about domestic violence, please call me. (881-2021).*

1. If you are contemplating marital dissolution or a legal separation, have you filed a Petition/Response? \_\_\_\_\_
2. If yes, has your spouse been served? \_\_\_\_\_ If yes, date of service? \_\_\_\_\_
3. Are you seeing a counselor? \_\_\_\_\_
4. Do you have an interest in reconciliation? \_\_\_\_\_
5. Do you have credit cards of which your spouse is unaware? \_\_\_\_\_ If yes, list each along with the amount owed \_\_\_\_\_
6. Do you feel that you can talk openly and honestly during the mediation? \_\_\_\_\_
7. Are there any areas or topics that you would be afraid to discuss?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you feel that you can express different or opposing viewpoints if that is necessary during the mediation? \_\_\_\_\_
9. Has the other party to the mediation every slapped, pushed, hit, punched, kicked, pulled your hair, used or threatened to used a weapon on you or forced you to engage in sexual activities against your will? \_\_\_\_\_
10. Has the other party to the mediation ever damaged or destroyed or taken any of your, or your children's belongings? \_\_\_\_\_
11. Do you have concerns about the other party's use of drugs or alcohol? \_\_\_\_\_

